د. لطفي سليمان

الإبر الصينية

في

العلاج والتخدير







الإبر الصينية في العلاج والتخدير

د . لطفي سليمان

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على عبد الحميد

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الإبر الصينية
فى
العلاج والتخدير

د . لطفى سليمان

الكاتب

الدكتور لطفى سليمان

كبير الجراحين الأسبق بمستشفى الفيوم العام

ومديرية الصحة بالفيوم ، ج.م.ع .

بكالوريوس الطب والجراحة . دبلوم الجراحة العامة

رسالة دكتوراه في أورام الفك السفلى

جامعة القاهرة

الإهداء

إلى

الأستاذ الدكتور/ **محمود محفوظ**

الأستاذ الدكتور/ **شريف عمر**

الأستاذ الدكتور/ **حمدى السيد**

فهرس

صفحة

مقدمة

الحماس نعمة لا حرمناها .

جمعت أوراقي القديمة وأطللت على أبحاث عامي ١٩٩٥ ،١٩٩٦ المنشورة باللغة الإنجليزية في الموضوع من خلال المركز العلمي بإتحاد نقابات المهن الطبية بالقاهرة ، لأرى كيف ينظر العالم اليوم للتجربة واستعنت بالله فاعددت هذا العمل .

ساءني أن يتحرك العالم ويهتم بالتجربة إهتماماً بيناً ولا أجد بحثاً واحداً من مصري أو من عربي .

هذا رغم أننا عشناها في مهرجان حي عام ١٩٧٤ حين كان الأستاذ الدكتور محفوظ وزيراً للصحة .

التجربة هي الطب الصيني التقليدي .

كان الدكتور محفوظ حينها قد نهض في إستدعاء ثمانية من الأساتذة المتخصصين في معهد بكين للطب الصيني التقليدي فاتخذوا من مستشفى الساحل التعليمي بالقاهرة مقراً لنشاطهم .

ووضعت خطة لكي يطّلِع الجراحون وأطباء التخدير على كيفية إستخدام الإبر الصينية وغيرها من وسائل الصينيين في العلاج والتخدير فيحضرون في أفواج يبقى كل واحد يومين ليشهد التجربة . غير أنه في اليوم الأول وعلى غذاء العمل تساءل الصينيون عن خطة المصريين للإطلاع على تجربتهم فشرحت لهم .

قالوا لن نترك أثراً في مصر إذن .

وودوا لو يبقى معهم البعض من المصريين ليشهدوا ويتعلموا شيئاً يترك بذرة تنمو في مصر .

وخيّر المسئولون المصريون الراغب في البقاء مع الصينيين ليتعلم ، فكنت واحداً ممن استمروا .

كان العمل يبدأ في الثامنة صباحاً ويستمر حتى السادسة مساءً ، ويتخلل هذه الفترة غذاء عمل لمدة ساعة .

مرضى يملأون مستشفى الساحل من كل حدب وصوب ومن كل فئات مصر وطوائفها وأمراضها .

والصينيون يعملون بلا ملل ولا كلل معالجةً وتخديراً وتدريباً عملياً ومحاضرات نظرية ورسوماً وكتيبات .

وانفض السامر بعد ثلاثة أسابيع .

كان إستقبال الأطباء للتجربة بين مُنكِر يرى آثارها نفسية بحتة أو دجلاً ، ومتحمس وجدَ فيها جديداً يدرس ويستحق النظر الجاد ، أو مصدر رزق من باب يقل فيه المنافسون .

وبين هذا وذاك دفنت التجربة وانتهت في مصر إلا من قلائل لا يكادون يشكلون أكثر من قطرة في محيط الطب والأطباء .

هيا معاً نراجع وننظر ،،،

لكن كيف ؟

بالطبع سيكون من خلال قراءة هذا العمل .

المكتوب في هذا العمل بإحدى اللغتين ليس ترجمة ما كتب بالأخرى .

بالعربية أردت أن أقدم فكرة للقارء العادي لا تخلو من عمق يجده الطبيب مقدمة أو تمهيداً لدراسة متعمقة بما يشاء من اللغات وركزت على ماكان لنا من إحتكاك كمصريين بالتجربة من قرابة ربع قرن .

وفي الإنجليزية تفصيل يهم المهتمين أكثر ، ومن ناحية أخرى ، يعرض مجرد بانوراما عن الموضوع في إحتفالية يشارك فيها الغرب والشرق دون المصريين أو العرب للأسف أخذتها مما نشر بالإنجليزية عن العلاج دون التخدير حسبما طلبنا في العنوان إلى الكمبيوتر بما في ١٩٩٥-١٩٩٦ .

لست أريد بهذا العمل غير فتح شهية الراغب في المزيد .

وإحاطة كثيرين بحد أدنى من تجربة مثيرة .

وأن قد ينفخ فينا الله جلت قدرته روحاً من عنده فنهتم بهذه التجربة التي أراها ضرورية ومفيدة وليس يليق بمصر العظيمة أن تلوي عنها النظر أو تنظر إليها بلا نظر أو تترك البعض من المشتاقين دون إشباع أو الدجالين دون ردع .

والله يهدي إلى سواء السبيل ...

الدكتور/ لطفي سليمان

رئيس أقسام الجراحة الأسبق

بمستشفى الفيوم العام

وكبير جراحي مديرية الصحة بالفيوم

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في الأساسيات

اعتمد الطب الصيني التقليدي الذي أُستخدم لعلاج المرضى منذ العصر الحجري وأُستخدم في التخدير منذ عام ١٩٥٨ على أن بالجسم قطبين للطاقة أحدهما يُسمى ين (Yen)، والثاني يُسمى يانج (Yang) ، وأن حالة الصحة في الإنسان تتحقق بالتوازن بين كمية الطاقة في كل منهما . وأنه إذا اختل التوازن كان المرض .

لذلك لزم الحفاظ على هذا التوازن ، وإذا اختل وجب إعادته ، وللطب الذي نعرفه نحن قول في مثل هذا الإفتراض الصيني أن التوازن بين حمض الكربونيك وبين البيكروبونات في الدم لتظل النسبة بينهما واحد إلى عشرين أهمية في تحقيق النسبة المطلوبة بين حموضة الدم وقلويته . وإختلال هذه النسبة يؤدي إلى حالة مرضية تؤدي إلى الميل نحو الحموضة أو القلوية ميلاً غير صحي .

والفارق بين الفرض الصيني والفرض في حالة حموضة الدم أو قلويته أن الأول إقتراض امبيريقي بني وكان استخدامه أساس ممارسة الطب الضيني التقليدي على أساس من الملاحظة والتجربة العملية دون أن يخضع لأسلوب البحث العلمي فكان ذلك مدعاة لرفض المجتمع العلمي في الغرب النظر بجدية إلى تجربة الطب الصيني التقليدي طويلاً حتى أخذ الأسلوب العلمي بتناولها فيحدد مثلاً أثر الوخز بالإبر 'الصينية' على الأنواع المختلفة من الأجسام المناعية في الدم فيستدل بهذا الأثر على شرح لما لوحظ من شفاء مرضى الروماتويد والربو الشعبي عندما يعالجون بالطب الصيني التقليدي وخزاً بالإبر . وكذلك طبق المنهج العلمي في بحث المتغيرات بالمواد المرتبطة

بالألم والمستقبلات على جدار الخلايا ، وغير ذلك من مواضيع البحث التي نقلت الطب الصيني من الامبيريقية إلى العلمية المقبولة في مجال علمائنا .

وقامت التجربة الصينية في الممارسة الطبية على أن كل عضو بجسم الإنسان له تمثيل على نقاط محددة بالرقم والإسم تقع على خطوط معروفة ، وهذه النقاط لها سمات خاصة تميزها عما سواها . في هذه النقط تنعكس حالة العضو وعند تناولها بالوخز أو بالتدفئة بسجائر نبات الموكسا الصيني أو بالتدليك يمكن أن تتأثر الطاقة الموجودة في الخط الذي تقع عليه أي نقطة فيكون تنشيط أو تنبيه الطاقة أو يكون على خلاف ذلك تشتيت أو تفريق لهذه الطاقة ، وتؤدي هذه أو تلك إلى إعادة التوازن لقطبي الطاقة 'ين' ، 'يانج' فتعود الصحة المعتلة بالمرض إلى حالتها الطبيعية .

هذا هو الأساس المبسط لتجربة الصين المتميزة التي نتناولها في مجال العلاج والتخدير . والتمثيل بالنقط والخطوط على الجسم كله وعلى الأذن والأنف والقدم . والأثر المدعي لوسائلهم سواء بالوخز أو التدفئة بالموكسا أو التدليك يقوم على إفتراض أن هذه الوسائل لا تدخل إلى الجسم أدوية ولكنها تقوم بمهام أربعة .

١ – التنظيم "Regulatory effect"

٢ – تسكين الألم "Analaesic effect"

٣ – التهدئة "Sedation"

٤ – أثر مقوي "Stregnthening effect"

ومع أن الوسائل تعتمد أساساً على عدم إدخال أدوية ، فقد درس الأثر المنشط للأدوية على بعض هذه الوسائل للطب الصيني التقليدي ، كما درس أثره هو على قدرة الجسم على أخذ هذه الأدوية وتقوية أثرها .

ويتميز الطب الصيني التقليدي ببساطته ورخص التكلفة والفاعلية وأنه آمن ، قليل الأعراض الجانبية والمخاطر .

وأثبتت التجارب العلمية التي نشرت أخيراً كمثل ما قال به اندرسون ولندبرج العالمان بقسم الفسيولوجيا بجامعة جوتبرج بالسويد في مجلة فرضيات طبية وهي مجلة مختصة بالشرح العلمي للظواهر الطبية في عدد سبتمبر ١٩٩٥ صفحات ٢٧١ إلى ٢٨١ ، أثبتت أن ما يحدث من أثر بالجسم بوخز الإبر مماثل لما يحدث بالرياضة البدنية العنيفة الممتدة .

إن كثيراً مما قبل به العلم بدأ بالملاحظة .

ها نحن نعلم أثر نبات الخلة أو حلف البر في المغص الكلوي وعلى الحوالب في الجهاز البولي ، وقد بدأ ممارسة عملية ثم تناولها البحث والدراسة العلمية وهو مطلوب بدون شك فحدد طبيعة الأثر ومداه ، وإستخداماته والجرعات وتكرارها والآثار الجانبية .. الخ .

لاغنى عن المنهج العلمي أسلوباً للبحث والدراسة .

وعلى الوجه الآخر فليس مقبولاً رفض تجربة اكتسبت ثقة الملايين عبر قرون في شعب الصين وعلينا تناولها تناولاً علمياً .

قراءة في أوراق المشاهدة

هذه دراسة تحليلية لأوراق متابعة كاملة لسبعة وخمسين مريضاً على أساس المعمول به طبياً في الكليات وتشمل بيانات المريض ، وتفاصيل حالته إكلينيكياً ، والعلاج الذي أعطي له .. وتُسجل هذه البيانات وأي معلومات مهمة أخرى خاصة بالمريض تفيد المريض في التناول الطبي عندما يحيط بها الطبيب شاملة مسائل تتعلق بتاريخ أُسرته أو تاريخ أمراض أُلمت به فيما سبق وكذلك إثبات بعض المسائل السلبية المهمة فيقال خالٍ من كذا أو كذا أو تاريخه وتاريخ الأسرة يخلو من كيت وكيت . كانت هذه الحالات من بين ماتم تدريب الأطباء المصريين عليه بواسطة الفريق الصيني خلال شهر يونيو ١٩٧٤ بمستشفى الساحل التعليمي بالقاهرة في شأن إستخدام الطب الصيني التقليدي للعلاج .

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	منها عقب حميات	٣
	منها عقب حصبة المانية للأم أثناء الحمل	١
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٢ – في الباطنيات	إرتفاع ضغط الدم	٢
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	الحرقفة وماودونها	١
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	بعد إصابة عظمية	١
	ملفافة أو صفاق أخمص القدم	١
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(ب) أمراض عولجت بمستشفى الساحل في يونيو ١٩٧٤ بمعرفة الفريق الصيني وتم تدريب الأطباء المصريين عليها

آلام الأسنان - المغص المعوي - المغص المراري - المغص الكلوي - آلام الشرج - الملاريا - اضطراب نبضات القلب - عصاب القلب - فقدان البصر أو النطق الهستيري - الشلل النصفي الهستيري - شلل طرف هستيري - عدم الثبات العاطفي - الأرق - الدوار - الزغللة - النيوراثينيا يا - النيورالجيا - مرض باركنسون العصبي - تنظيم وظائف الجسم عموماً - إحتباس البول عقب العمليات الجراحية .

فيما يختص بالتصنيف أود أن أورد مايلي :

- استهدف بإعتبار هذه الحالات كونها نماذج ورشة عمل تضم الأساس النظري والتدريب العملي التطبيقي والمتابعة العلمية والشخصية .

- هناك حالات مرضية لم تكن بحاجة إلى عمل سجل لها بسبب إنقطاعها أو لإتمام المطلوب لها في جلسة واحدة لا يعود المريض بعدها لشفائه أو لأن تناولها أزال الحالة الطارئة للمريض تخفيفاً له حتى يتجه إلى إستبيان سبب الحالة وتشخيص مرضه أو معالجته جذرياً كمريض عنده حصوات مرارية أو مسببات للمغص الكلوي كالحصوات وضيق الحوالب أو الأملاح أو الإلتهابات وما يشاكل ذلك .

- كان مع التدريب العملي محاضرات نظرية حول الأسس النظرية وغيرها ، وحول البرامج التطبيقية للتجربة ونظام معالجة كل حالة مرضية .

في الحالات التي تعاني من آلام بالمفاصل على سبيل المثال وهي تمثل مجالاً هاماً وحيوياً للطب الصيني التقليدي وضع برتوكول واضح نظرياً

لتحديد الخط العلاجي الذي يتبع مع كل حالة على حدة بعد فحصها إكلينيكاً كأي حالة أمام أي طبيب عادي يبدأ بالإستماع إلى شكوى المريض ويأخذ تاريخ الحالة المرضية وأمراضه السابقة أو التواريخ المهمة للأسرة صحياً ثم يتلمس إستظهار العلامات التي لا يقول بها المريض وتلزم للتشخيص مطبقاً المنهج العلمي بكل جوانبه في إستظهار سبب المشكلة ووضع أفضل الممكن لحلها .

والشيءُ نفسه تراه واضحاً في كل الحالات من الطنين إلى الصمم العصبي وصولاً إلى آخر حالة وردت في هذه المجموعة التي كانت تتناول الخدلان والتنميل وضعف الحركة .

– كانت المصارحة موجودة وقاطعة في شأن الحالات التي لا تستفيد من المعالجة بالطب الصيني التقليدي وكان منها فيما ورد بالتصنيف الإلتهاب الضموري للغشاء المخاطي المبطن للأنف ، وحالة الجهاز الحركي التي كانت تشكو من آلام وتيبس في عضلات الرقبة والذراع والحالات التي تحتاج تداخلاً جراحياً بسبب الإنزلاق الغضروفي ، وقيل في شأن شلل أرب أن النتائج لن تكون مرضية وتنتهي بالشفاء ، لكن عمل شيء له أفضل من تركه ، ونبه إلى أن حالات نقص أعداد الحيوانات المنوية تحتاج إلى وقت ، ونصحَ بأن يراعى أن حالات الشلل النصفي التي أزمنت طويلاً أو بها تشوهات لن تستفيد ورفض رفضاً باتاً معالجة مرضى الصرع والمصابين بشلل الطرفين السفليين وعدم التحكم في البراز والبول كما يحدث في إصابات العمود الفقري والنخاع الشوكي . في حينها أيضاً رفضوا تناول حالات التخلف العقلي وإن كانوا قد نشروا أخيراً معالجتهم لمائة وأربع وعشرين منهم .

وكذلك كان هناك أكثر من تحفظ حول علاج إرتفاع ضغط الدم بأسلوبهم إذ قالوا أن المراحل الأولى لمرضى ضغط الدم المرتفع توري تحسنا غير أن هذا لا يستمر فيما يلي من المراحل .

هناك أمور كثيرة يرتبط التقييم فيها أساساً بما يقرر المريض نفسه . فإذا قيم الدكتور ع .م .د . الذي كان يعاني من إلتهاب الإثنى عشر الذي أمضّه وأضناه طويلاً رغم علاجه على يد من يوثق فيهم علماً وخبرة مثل أ .د . أبو شادي الروبي والإستشاري يوسف رزق الله توري أورا ق هذا الرجل شكواه ومعاناته وتضرره بوضوح بين وبعد إنقطاع يوم فصل بين الجلسة الأولى والثانية لعلاجه بالإبر الصينية ، كان تقييمه بأن حالته تحسنت بنسبة ٦٠٪ بعد الجلسة الأولى .

ثم ها هو أستاذ جامعي كبير بطب القاهرة جاء لآلام روماتيزمية أعقبت إصابة عظمية بالطرف السفلي عند منطقة القدم قال أن حالته تحسنت بنسبة ٩٠٪ .

أما المريضة فضيلة التي كانت قد سافرت بحالتها إلى أمريكا ولم تكن تستطيع أن تتابع التليفزيون لخمس دقائق أو تمسك أشياء باردة أو قلما تكتب به حتى بعد أخذ لبوس كافيرجوت ، وصُف علاجاً لها غير أنه كان يزيدها تضرراً ومعاناة ، فبعده تحس بالإختناق والهلوسة ولا تقدر على شيء مما كانت تريد .. ماذا كان تقييمها ..قالت أنها بعد الجلسة الثالثة أي بعد أربعة أيام فقط من العلاج استطاعت أن ترى التليفزيون خمساً وأربعين دقيقة ، وأن تكتب خطابين مرة واحدة لأصدقائها ، وبعد الجلسة الخامسة امتدت فترة مشاهدة التليفزيون إلى ساعة ونصف ، وقدرتها على كتابة خطابات إلى أربعة .

أما الدكتور الخشاب فقد خفت ركبته تماماً بعد جلسات أربع .

أما ف .م .د . ذات الأحد عشر ربيعاً فقد وجدت على أوراق مشاهداتها تعقيب ظريف لزميل لست أذكر من كان ولا عن موضوع التعقيب نفسه شيئاً لكنها أوراقي .. كتب صاحبنا بخط حلو وواضح يقول « ثلاث جلسات ومشيت كويس ولعبك نزل الأرض » .. كانت تعاني من شلل الأطفال .

– الطفل الذي أصابه الصمم عقب حالة الإنفلونزا كان عمره خمس سنين وحالة الأذن مضى عليها عامان وعملت له سماعه أذن منذ عام . بعد الجلسة الثانية من العلاج استطاع أن يسمع كلاكس السيارة ثم صار يسمع جيداً بالسماعة .

– س . ح كانت تلميذة في الصف الأول الإعدادي أصيبت منذ شهر بإرتفاع في درجة الحرارة لمدة أسبوع وبعده فقدت القدرة على السمع . من أول معالجة بجلسة استطاعت أن تسمع الصوت العالي أولاً ثم تواتر التحسن .

– الحالة التي كانت تعاني من عسر الطمث التقلصي (الأولي) كان عمرها ٣٦ سنة وبدأت معاناتها منذ كانت في الحادية عشرة من العمر وكانت قد تزوجت وهي في الخامسة والعشرين وأجري لها عمليتان جراحيتان بهدف شفائها دون طائل .

– كان الطفل أحمد في الخامسة من العمر ، أصيب بإسهال منذ كان عمره ثلاثة أشهر ولم يستجب لأي علاج ، عولج هذا الطفل بنجاح بإستخدام الإبر القاطعة لإدماء الوجه الأمامي للمفصل القريب من الجذع (Proximal) بين سلاميات الإصبع الرابع في كلتا يديه ونصح

بعدم غسل اليدين لمدة يومين كما عملت له كرمشة للجلد في منتصف الظهر من أسفل إلى أعلى الظهر حتى منتهاه بإستعمال إصبعي الإبهام والسبابة لكلتا يدي الطبيب المعالج ثلاث مرات . كذلك ضغط بالإبهام على النقطة رقم ٥٦ .

الإبر الصينية في مصر والعالم اليوم

استبصر الأستاذ الدكتور محمود محفوظ حين كان وزيراً للصحة من أمر الطب التقليدي الصيني ماجعله يستقدم عام ١٩٧٤ فريقاً من الخبراء والأساتذة الصينيين في العلاج والتخدير كي يعرضوا على مصر تجربتهم في مستشفى الساحل التعليمي بالقاهرة عام ١٩٧٤ .

وكان المقدّر أن يحضر أطباء مصر في الجراحة والتخدير ليشهدوها بواقع يومين لكل واحد ، غير أن الصينيين عبروا منذ أول يوم لهم عن رغبتهم في مصاحبة فريق من المصريين لهم طوال الفترة حتى تجتمع لهم نظرياً وعملياً خبرة ونواة للتجربة فلا يتركوا مصر كما دخلوها .

وحدث دوي إعلامي ومهرجان كبير بمصر .

وقدم للعلاج عوام وأساتذة من أعرق أطباء مصر في جامعاتها أعيتهم محاولات العلاج بالطب السائد عندنا وشهدوا بالإيجاب للتجربة .

وانفض السامر وما بقي من التجربة في مصر إلا القليل الذي يتمثل في بضع نفر من أطبائها يمارسون المعالجة بالإبر وغيرها من وسائل العلاج الصيني وسط جمهور عريض من الأطباء والناس لا يعرفون أو يكادون يعرفون شيئاً ، لكن نظرة الدنياالآن تغيرت .. حدث إهتمام عالمي كبير بالتجربة .

ولقد نظرت في بحوث نُشرت في عامي ١٩٩٥ ، ١٩٩٦ باللغة الإنجليزية حول العلاج بالإبر الصينية فوجدت إحتفاءً عالمياً يمكن لقارئ الإنجليزية أن يراه فيما ورد بهذا العمل تحت باب المراجع باللغة الإنجليزية .

من أمريكا للملكة المتحدة للسويد لليابان لكوريا الجنوبية لتايوان لمنغوليا للهند لاستراليا لتركيا إلا مصر والأمة العربية التي تنشر بحوثها العلمية بالإنجليزية .. ولا بحث واحد من عندنا .

تشمل البحوث عديداً من المجالات الإكلينيكية والبحثية في أفرع متعددة عن الطب . نقتطف منها أجزاء .

اندرسون ولندبرج من قسم الفسيولوجي في جامعة جوتنبرج بالسويد يتحدثان في دورية اسمها فرضيات طبية تحاول شرح ظواهر طبية معينة وذلك في العدد الصادر منها في سبتمبر ١٩٩٥ بالصفحات من ٢٧١-٢٨١ تحت عنوان يمكن ترجمته بالقول أن الطب الصيني التقليدي ومن وسائله الإبر آنَ له أن ينتقل من الملاحظة والتجربة إلى البحث العلمي . فلقد رفضه مجتمع علماء الغرب طويلاً بسبب افتقاد البحوث العلمية المؤكدة لجدواه غير أن الأدلة الآن توري مع الممارسة العملية أسساً علمية شارحة للتجربة .. وينتهي العالمان السويديان إلى أن أثر الوخز كأثر الرياضة العنيفة الممتدة وأن أسساً تفصيلية تشرح كيف تأتي عملية الوخز بالإبر بالأثر .

ويقول الأستاذ الأمريكي هـ .ل . في دورية « الأستاذ والممرضة » بعدد أغسطس ١٩٩٦ أن الطب الصيني التقليدي نظام التئام يعيد للوظائف انسجامها . وينصح الممرضة بأن تحيط به علماً كعلاج تكميلي غالباً ما تسأل عنه في إمتحاناتها .

أما أريسكون ج .ك الأستاذ بكلية الباطنيين والجراحين في جامعة كولومبيا فهو يتساءل في دورية علمية بنيويورك تساؤلاً محفزاً (لغة الوخز بالإبر : هل يجب على أطباء الغرب تعلمها ؟) .

أما هنسو . هـ من معهد بحوث نيدهام بجامعة كمبريدج في إنجلترا فيقول عن تجربة له بالصين في مجلة Soc-Sa-Med بعددها الصادر في فبراير سنة ١٩٩٦ الصفحات ٤٢١-٤٣٠ أن الطب في الصين يمزج بين التجربتين الغربية والصينية معاً وأن هذه سمة لكل سياسات الصين في الصحة .

استعراض لعناوين الموضوعات حسب ورودها في المراجع الإنجليزية الواردة في هذا الكتاب

وسيبدأ كل عنوان برقم هو رقم المرجع وينتهي بالبلد الذي جاء منه .

١ - الألم فيما بعد العمليات - بريستول ، انجلترا .

٢ - الوخز بالإبر من التجربة والملاحظة إلى العلم - جوتيبرج ، السويد .

٣ - توجه غير تقليدي لعلاج أمراض البيئة - ستوكهولم ، السويد .

٤ - الوخز بالإبر علاجاً لإدمان الكوكايين - ماري لاند - بالتيمور ، امريكا .

٥ - الصداع - فيينا ، سويسرا .

٦ - مدى ارتباط أثر الوخز بالإبر في علاج الذبحة الصدرية بالعوامل النفسية والإجتماعية وفسيولوجيا الأعصاب - الدانمارك .

٧ - إستجابة الإلتهاب العظمي لمفصل الركبة المسببة أعراضاً للمرضى للطب الصيني التقليدي بالوخز بالإبر : دراسة . نيوهافن . امريكا .

٨ - دراسة مقارنة لأثر الوخز بالإبر وبدائل بأدوية مستعملة في الطب المتعارف عليه بالغرب في علاج المدمنين للكحوليات - لندن .

٩ - الغثيان والقئ في الحوامل - انجلترا .

١٠ – (قاموس) .

١١ – علاج الإلتهاب المزمن بالبروستاتا بالليزر والوخز بالإبر – هانجزهو – الصين .

١٢ – علاج إلتهاب القولون المتقرح بالوخز بالإبر – بيجنج – الصين .

١٣ – علاج ٢٠٢ حالة من الدوخة بسبب في الجهاز العصبي . بيانجن – الصين .

١٤ – نتائج الوخز بالإبر لعلاج تلعثم النطق – نيوسوث ويلز – استراليا .

١٥ – دراسات متطورة في إستخدام الوخز للإدمان – بيجنج – الصين .

١٦ – ضمور محدود في الأنسجة الدهنية عقب الوخز – انجلترا .

١٧ – الوخز بالإبر والصداع النصفي – انجلترا .

١٨ – الوخز بالإبر علاجاً للألم – الهند وانجلترا .

١٩ – لغة الوخز بالإبر : هل يجب على أطباء الغرب تعلمها ؟ نيويورك – أمريكا .

٢٠ – آثار الوخز بالإبر على الإجسام المناعية في مرضى الربو الشعبي والروماتويد – ينّان – الصين .

٢١ – علاج نيورالجيا العصب الخامس بالوخز بالإبر – بيجنج – الصين .

٢٢ – علاج آلام الثانويات السرطانية بالعظام بالوخز بالإبر – شا أولكس – الصين .

٢٣ – علاج إصابات الأعصاب الطرفية بالوخز بالإبر – هينان – الصين .

٢٤ – مراجعة لمعاجلة شلل العصب الوجهي بالوخز بالإبر خلال السنوات العشر الأخيرة – بيجنج – الصين .

٢٥ – تخفيف الألم بالوخز في فروة الرأس والأذن في شعب الصين – كامبريدج – إنجلترا .

٢٦ – مراجعة لمعالجة مرضى البول السكري بالوخز بالإبر خلال الأربعين عاماً الأخيرة – بيجنج – الصين .

٢٧ – معالجة دوار البحر الناشئ عن النظر بالوخز بالإبر – الولايات المتحدة الأمريكية .

٢٨ – تقرير عن حالة إلتهاب عرضي بالنخاع الشوكي عقب الوخز بالإبر – تركيا .

٢٩ – تغييرات محدثة عقب الوخز الكهربائي بالإبر في مرضى الآلام المزمنة – دلهي – الهند .

٣٠ – تنشيط أيض العظام بالوخز بالإبر . واشنطن – أمريكا .

٣١ – أثر الوخز بالإبر على آلام مابعد العمليات الجراحية بالفم والأسنان – ماري لاند بالتيمور – أمريكا .

٣٢ – إلتهاب كاذب بالدهون عقب إستخدام كاسات الهواء والوخز بالإبر – سول – كوريا الجنوبية .

٣٣ – الوخز بالإبر وقاية لزيادة البيليروبين في الدم وإلتهابات القنوات المرارية التجريبية في فئران المعامل – الصين . منشورة في الدورية الأمريكية للطب الصيني .

٣٤ – إستخدام الوخز بالإبر لإستعادة الوعي ومعالجة ثمانين مريضاً بالسكتة الدماغية : ملاحظة التأثير العلاجي – شينيانج – الصين .

٣٥ – بريبرد الكيفالين م-ر ن أ يتزايد في الدم أثناء الوخز بالإبر لتخفيف الألم والأثر الإيجابي لدواء فينفلورامين – شنغهاي – الصين .

٣٦ - تقدم في دراسات تخسيس الوزن بإستخدام الإبر والأعشاب الصينية - الصين .

٣٧ - السيطرة على الألم - الإبر الصينية - مندلي - المملكة المتحدة .

٣٨ - خبرة إكلينيكية في وخز نقطة زهاوها - زيمان - الصين .

٣٩ - إستخدام الوخز بالإبر كطب تكميلي على الممرضة أن تلم به - الولايات المتحدة الأمريكية .

٤٠ - نقط التلامس - امريكا .

٤١ - دراسة في الوخز بأربعة مواضع مفصلية - نيوهافن - الولايات المتحدة الأمريكية .

٤٢ - الطب الصيني والنموذج الغربي في طب الأسنان - نيوكاسل .

٤٣ - شواهد على الإستجابة للوخز بالإبر - الولايات المتحدة الأمريكية .

٤٤ - شواهد على تأثير الوخز في السيطرة على الألم وشروح فسيولوجية لآليات ذلك - جاميكا .

٤٥ - الآثار الجانبية للوخز بالإبر - إنجلترا .

٤٦ - تحسين الدورة الدموية وأخذ الأدوية إلى الدم بالوخز بالإبر - نيويورك .

٤٧ - التخدير بالإبر الصينية - بيكنج - الصين .

٤٨ - وباء الغدة النكافية يُعالج بالإبر الصينية - الصين .

٤٠ - إستخدام الإبر في طب الأسنان - المملكة المتحدة .

٥٠ - الوخز في تخدير المرضى للعمليات الجراحية - شنغهاي - الصين .

٥١ - علاج ٢٣ حالة من أمراض حمى الصيف بالإبر - شنغهاي - الصين .

٥٢ – الوخز لمعالجة الشلل – زيمان – الصين .

٥٣ – آليات الألم والسيطرة عليه – سانت ليونارد ، استراليا .

٥٤ – الخلل في مفصل الفك – اوزاكا – اليابان .

٥٥ – تجربة في وخز نقط باك شو – بيجنج – الصين .

٥٦ – علاج التخلف العقلي في الأطفال بالوخز بالإبر – بيجنج – الصين .

٥٧ – آلام الكتف – معهد لودفج بولتزمان للعظام .

٥٨ – العلاقة بين الوخز وإفراز العصارة المعدية بالعصب الحائر – مجلة Gut .

٥٩ – هل للوخز بالإبر أثر نوعي على الصحة : دراسة في منع القئ . لندن .

٦٠ – لماذا يعود المريض للطب التكميلي ؟ – لندن .

٦١ – المواد الخاملة فارماكولوجيا في قياس أثر الوخز بالإبر – لندن .

٦٢ – وخز نقط باك شو لمعالجة الأمراض – هينان – الصين .

٦٣ – علاج المرض العنقي الكتفي بالوخز أساسا في ١١٥ حالة – سيشوان – الصين .

٦٤ – الطب الكلي والوخز بالإبر . جامعة موناش (دورية علمية Aust-Fam-Physician) عدد مايو سنة ١٩٩٥ صفحتي ٧٦١–٧٦٢ .

٦٥ – اضطرابات مفصل الفك . تكساس ، الولايات المتحدة الأمريكية .

٦٦ – علاج الشيزوفرينيا بالوخز والأعشاب الصينية . مونغوليا الداخلية .

٦٧ – معالجة اثنين وتسعين حالة من آلام البطن بسبب سرطاني . هاربن – الصين .

٦٨ - دراسة في وخز نقطة هوجو - ووهايمد هوبر - الصين .

٦٩ - إستخدام الوخز بالإبر في الولادات (وتوصي بتعليم الوخز للدايات) - إنجلترا .

٧٠ - تأثير مضاد لإلتهابات الأم الجافية بالمخ من خلال فعل الإبر الصينية على الأوعية الدموية - بينجيج - الصين .

٧١ - تأثير الوخز بالإبر على إستجابة الخلايا العصبية الحركية في النخاع الشوكي لمرضى الصدمة النخاعية - تايوان .

٧٢ - معالجة مائتين واثنين من حالات الصداع بالإبر - بيجنج - الصين .

٧٣ - دواعي وموانع استخدام الإبر الصينية بشكل طارء - الصين .

٧٤ - التأثير المشترك لدواء دروبيريدول والإبر في مستوى مادة بريرو انكيفالين م-ر ن أ - شنغهاي - الصين .

٧٥ - زيادة مواضع ربط مستقبلات MU بالوخز يتحسن بإعطاء دوار جروبيريدول .

٧٦ - دور بيتيدات شبائة الأفيون في مخ فار التجارب عند إستخدام الوخز بالإبر لتخفيف الألم - شنغهاي - الصين .

ومن الملاحظ أن مجالات جديدة دخلت في الإستفادة بالوخز بالإبر الصينية والأعشاب لم تكن موجودة من قبل . لقد قال لنا خبراء وأساتذة الصين في العلاج بالطب الصيني التقليدي عام ١٩٧٤ أن التخلف العقلي في الأطفال لا يستفيد من أساليبهم لكنهم نجحوا في هذا المجال . كذلك فمن الملحوظ أيضاً أن الدعوة في الغرب شملت الممرضات والقابلات مع الأطباء ليتعلموا التجربة .

وشرح بشكل علمي أثر الوخز بالإبر في علاج الألم ودوره في الجهاز المناعي للجسم عندما تعالج به حالات مثل الربو الشعبي والروماتويد ودور المنشطات لوخز الإبر من الأدوية والآثار الجانبية والدواعي والموانع وأوبئة كالنكاف ، كما جرت دراسات في طبيعة عمل الوخز بالجسم وآلياته .

وأعيد مرة أخرى التذكير أن هذا الذي أوردته من المنشور باللغة الإنجليزية وحدها وعلى شبكة الإنترنيت لغات حية أخرى نشرت بها بحوث متعددة . كما أود أن أذكر أيضاً بأنني لم أبحث إلا في العلاج دون التخدير بالإبر الصينية .

النقط والخطوط
The Points and Meridians

١- نقط التمثيل ونقط التفاعل

تقوم قضية العلاج بالوسائل المختلفة في الطب الصيني التقليدي على إثارة نقط معينة تقع على خطوط محددة أو تنبيهها . هذه النقط تتمثل عندها الأعضاء الداخلية للجسم ، كل الأعضاء .

هاتان صورتان : أولاهما : توري وخز الجسم "Body acupuncture" .

الثانية : فيها وخز للأذن "Ear acupuncture" .

يعني هذا أن هناك نظام لتمثيل الأعضاء الداخلية على السطح في نقط يمكن الوصول إليها بسهولة ، وأن الجسم كله يمكن أن يكون خريطة ، وأن الأذن نفسها يمكن أن تمثل خريطة تحمل نقطاً للتمثيل . تتمثل الأجزاء السفلى من جسم الإنسان كالقدم مثلاً في مكان عالي بينما تتمثل العينان واللوزتان على مواضع تحتية على صوان الأذن .

بجانب نقط التمثيل للأعضاء توجد نقط تفاعل للأعضاء الداخلية ، وكل منطقة منها على الأذن يتمثل خط على جانبيه نقطتان يحدث عندهما التفاعل لهذا الخط (الميريديان) وبوخز النقطتين بالإبر الصينية أو معالجتهما بأي من الوسائل الأخرى المعروفة في الطب الصيني التقليدي يكون الأثر المرتجى علاجاً أو تخديراً . نقط التفاعل إذن ليست على الخطوط ولكنها على جانبي خط .

يوجد إذن نقط تمثيل ، ونقط تفاعل ، والتمثيل عرفنا له خريطة على كل الجسم ، وله خريطة على الأذن ، وثالثة على الأنف ، ورابعة على القدم .

٢- من خصائص النقط وتوصيفاتها

النقاط هي المواضع من الجلد تستخدم بوسائل الطب التقليدي في الصين وخزاً أو إدماءً أو تدفئة أو تدليكاً بهدف العلاج أو التخدير . ويختلف وضع النقطة عما سواه فيما يلي :

١ - عندها يحدث رد فعل لمرض عضوي وبمعالجتها يكون التأثير الإيجابي المطلوب . إضطراب الزائدة الدودية مثلاً موضعها نقطة بين ١٧٨-١٧٩ ، والكبد ٢٧٩-٢٨٠-٢٥١-٢٥٢ .

٢ - المقاومة الكهربية أقل عند النقط مما سواها ويقال أحياناً أن توصيلها للكهرباء أفضل .

ولكل نقطة على الجلد مكان ثابت وتحمل أسماً ورقماً .

والنقطة مكان مخروطي الشكل على شكل هرم مقلوب قاعدته في الأعمق .

وعدد النقاط ذات الأسماء على التمثيل الجسماني ٣٥٩ ، منها ٥١ نقطة في المنتصف ، ٣٠٨ مزدوجة بمعنى وقوعها على جانبي الجسم فمنها يمين وشمال ، وهذه النقط تسمى النقط الكلاسيكية وعددها ٦٦٧ . وأشيع المستخدم من النقاط ١٥٠ نقطة . ولقد اكتشفت نقاط أخرى غير هذه وتسمى نقاط جديدة تمييزاً لها عن النقط الكلاسيكية . ومن هذه الجديدة واحدة على بعد بوصتين أعلى النقطة الكلاسيكية رقم ٣٨١ ويعالج فيها مرض سقوط القدم (Foot drop) .

٣ – كيفية تحديد مواقع النقط بدقة ووحدة القياس

التحديد الدقيق لمكان النقطة أمر ضروري لمن يمارس الطب الصيني التقليدي ولو أن الممارسة ذاتها تحدد موضع النقطة تحديداً دقيقاً ويدرك الممارس ما إذا كان قد أصاب الهدف ذلك انه حين الوخز وبمجرد غمد سن الإبرة يبحث عما يسمى بإحساس الوخز بشعور المريض ألماً خفيفاً لطيفاً محتملاً وتنميلاً وثقلاً وعرقاً أو بعضاً من كل هذا دون لزوم لها جميعاً . كذلك يشعر الممارس أن الإبرة في يده لم تعد سائبة مخلخلة بل كتفها بعض الشيء تقلص في خيوط عضلية محيطة بالموضع الموخوز مع مقاومة نسبية لنفاذ الإبرة على غير ما كان الحال قبل الوصول إلى النقطة بدقة .

على أنه يرد دائماً تفصيل كيفية تحديد أماكن النقط وتستخدم البوصة الجسمانية عند الصينين وحدة للقياس . وتسمى تسن (Tsun) = ١٠ فن (Fen) .

البوصة الجسمانية Body Inch إذن هي وحدة القياس وهي نسبية وليست محددة بالمليمتر . كيف تُحدد إذن ؟ .. اثن الإصبع الأوسط لليد .. البوصة هي المسافة بين أبعد حزين (حز = Crease) على ظهر الإصبع فوق منطقة العقلة الوسطى .

تذكر عندما يرد رقم دون تمييز فيما يلي أن التمييز المحذوف هو البوصة الجسمانية أو الجسدية ، أو التسن Tsun واقرأ في حساباتهم العلمية للغاية والأدق من مفصل الكوع إلى حز مفصل الرسغ ١٢ وهي ١٢ سواء كان الإنسان طويلاً أو قصيراً ، لأنها محسوبة بمقياس الشخص ذاته لذاته .

- بين الخط الأمامي لشعر الرأس وخط شعر العانة ١٢ والأصلع يحسبها بين الحاجبين على أعلى الأنف وصولاً للخط الخلفي للشعر ١٥ ، ومن هنا فهذا يمكن من تحديد خط الشعر الأمامي على إعتبار أنه ٥ بوصات فوق مابين الحاجبين .

وفيما هو مكتوب بالإنجليزية تفصيل أوفى لمن يريد من الممارسين .

الوسائل والأساليب

١ – الإبر : وخزاً وإدماءً بإبر ذات مقاسات مختلفة شبه مقننة .

٢ – الأعشاب : للتدفئة عند مواضع النقط ، بحرق أعشاب الموكسا الملفوفة وبالإنجليزية تفصيل .

٣ – التدليك : ويتم التدليك وكرمشة الجلد بنظام يفصل عند إستخدامه حسب الحالة .

ولعل التكنيك لا يهم إلا الأطباء وقد أوردته في المكتوب باللغة الإنجليزية مفصلاً .

وحتى الذي كتب بالإنجليزية وحده لا يكفي لممارس أن يجترئ على الخوض في الممارسة العملية بناءً عليه دون تدريب عملي عليه تحت إشراف خبير . يكفي أن يلم قارؤونا إلماماً عاماً وعلى نحو مبسط بالأساليب أو الوسائل على سبيل العلم بالشئ .

لكن ‹المجالات› يفيد إيرادُ تفصيل أكبر لما يستخدم العلاج بالطب الصيني التقليدي فيها ، ومدى إستفادة كل مجال ورد به .. والهدف من ذلك ألا نترك هذا الموضوع الحيوي دون تبصير به حتى لا يتخذه البعض وسيلة لنصب به وإستغلال المرضى الذين ضاق بهم الطب المعروف لنا وهم كثيرون كمرضى الصداع النصفي ونيورالجيا العصب الخامس .

لقد رأيت – مثلاً – مريضاً عنده قصر في وتر عضلة اكيليس أسفل الساق ، جعله غير قادر على أن يستخدم القدم بسبب إرتفاع جزئه الخلفي

إرتفاعاً كبيراً ، فلا يلمس الأرض إلا بأطراف الأصابع .. وعولج هذا المريض الصبي حتى عجز مادياً عن مواصلة العلاج غير المجدي وكانت الجراحة هي علاجه الوحيد من البداية من دون أي شك .

ورأيت أيضاً – وعلى سبيل المثال ، وليس الحصر مريضاً عولج لألم في عظام الحوض طويلاً بالإبر الصينية .. ويضيع الوقت عليه لأن الطبيب المعالج لم ينتبه إلى السبب وهو ثانويات سرطانية من البروستاتا .

والمشكلة أن فروع الطب المختلفة فيها متخصصون كثر يوازن بعضهم بعضاً ، فلا يتركون كبير مجال للإستحواذ على المرضى كما يحدث من القليلين الذين هم قلة بين قلة تمارس الطب الصيني التقليدي في مصر ... إنه إذا قيل لمريض أنه بحاجة إلى تداخل جراحي أمكنه أن يراجع غير من نصحه من الجراحين بذلك فيتأكد له لزوم الجراحة أو وجود بدائل غيرها ، ولكن المريض يعوذه ذلك في مجال الطب الصيني التقليدي الذي يمارسه نفر يمثلون قطرة في محيط الأطباء الممارسين .

وإذا أراد القارئ باللغة العربية مزيداً من التفصيل فله مايلي في الإبر .

في العصر الحجري اصطنعت بالفعل للوخز أحجار مدببة . وأحياناً كانت من الذهب والفضة ولم يزل البعض يعملها الآن من هذين المعدنين حسبما ورد في النشرة التي صدرت عن شركتي إل ليللي وإنديانا بوليس دعاية لدواء الدولوكسين في عام ١٩٧٦ . لكن الشائع هو تصنيعها من مادة الصلب الذي لا يصدأ .

في الأعشاب : بعض المعالجين بالطب التقليدي للصين يستخدمون الأعشاب بديلاً عن الإبر أو مساعدة لها . وأعشاب الموكسا أكثر خشانة

من الورق .. وهي قمعية الشكل تلف وكأنها سجائر لكنها صغيرة حتى توصف في الكتابات باللغة الإنجليزية : Small cones of worm وترجمتها أقماع صغيرة من أخشاب دودية .. بعد إشعال السجائر توضع على موضع النقطة تنتقل منها إلى الجسم حرارة تدفئه ولا تحرقه أو يكون إنتقال الحرارة إلى النقطة عبر إبرة موخوذة فيها توضع السجارة المشتعلة على طرفها المقابل للموخوذ بالجسم .

كيف وأين ؟
بروتوكول آلام المفاصل*

آلام المفاصل مجال هام جداً للطب الصيني التقليدي*

كيف يتم إختيار النقط التي تعالج ؟

تتبع المبادء التالية :

١ - يتم إختيار نقط في المنطقة المصابة . فالركبة يختار لعلاجها نقط مما يجاورها سواء كانت نقطاً تقليدية ، مثل ١٧٧-١٧٨-٢٢١ أو غيرها .

وغير النقط الكلاسيكية مثلاً حفرة الركبة أو نقرتها (Knee pit) أو أن تختار النقط المؤلمة أو التي بها مضض (Tenderness) .

مع هذه النقط المحلية يتم إختبار نقط أعلى وأدنى بالنسبة للمفصل المصاب ، فيقرن على سبيل المثال لمفصل الكوع بين النقطتين ٩٥ ،١٠٥ ولا يلزم أن تكون النقطتان على جانبي المفصل الموجوع على نفس الخط (الميريديان Meridian) .

٢ - المرونة في إختيار النقط لأن الأعراض تختلف ولا يمكن الركون إلى نقط محددة على الدوام .

٣ - عندما تتعدد المفاصل المصابة يتبع مبدءان :

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* بروتوكول = برنامج الإتفاق = برنامج العمل المتفق عليه .

(أ) إذا لم يستطع المريض أن يحدد مفصلاً بعينه لأن كل مفاصله على درجة واحدة من الإصابة ألماً أو تيبساً أو تورماً ، تختار النقاط ٩١–١٠٥–٨٤ على الجانبين وتقع جميعاً على الطرف العلوي ، أو ٢٢١–١٧٨–٣٠٤ على الجانبين للطرف السفلي .

الإثني عشرة نقطة السالف ذكرها (٦ على كل جانب) تعالج كل المفاصل .

(ب) عندما يكون المرض متنقلاً بين المفاصل وليس ثابتاً في بعضها بالطرف العلوي يختار ١٢–١٠٥ وللسفلى ٢٨٥–٢١٨ على ناحيتي الجسم .

ألم الظهر المزمن

المكان : إذا كان مرتفعاً يكون الوخز في نقاط مواضعها مرتفعة وأما إذا كان مكان الألم منخفضاً فيكون موضع النقط المختارة للوخز أيضاً منخفضاً عن مكان النقط التقليدية القريبة لموضع الألم .

النقط البعيدة ٢٨٥ على الجانبين .

نقاط أعلى الظهر ٢٩١ ويكون الوخز له في ٢٨٥+٢٩١ .

إذا كان غير شديد ، نوخز النقطة ٣٣٦ .

ألم وسط الظهر الناجم عن أمراض النساء يضاف لها ٤٨–٣٠٤

مصاحبات الألم : السخونة والتنميل إن وجدا مع ألم يضاف ١٧٨–٨–٩١ في جانب .

« قانون صيني : آلام المكان توخز في نقط المكان » .

إن ألم الظهر المزمن موضوع معقد ، إذ أن له أسباب متعددة من الإنزلاق الغضروفي حتى سقوط الكلى عن مواضعها إلى إلتهاب جذور الأعصاب (Radicular pain) إلى العضلات بسبب حركة سريعة مثلاً .

مجال إفادة الطب الصيني التقليدي

يفيد جداً – في حالتي كون السبب جذور أعصاب Radicular أو تقلص إصابي Traumatic spasm وتكون النتيجة سريعة عندما تكون المعالجة عقب حدوث الألم بلا إبطاء حتى إنه ليمكن أن تكون فورية جداً ، يعالج المريض فور حدوث الألم وكلما طال الوقت فإن المتوقع في الإستجابة أن تكون بطيئة وتتناسب طردياً مع إزمان الحالة .

الوجع في المنطقة القطنية : 'بالإصابة' (Traumatic "Lumbago") نقاط ٢٨٥ + مواضع اللومباجو (نفس النقط تستخدم في الإنزلاق الغضروفي الحديث) فيه يمكن أن تتحسن الأعراض الحادة كثيراً . ويمكن ان يتحرك المريض بعد معالجة بالطب الصيني التقليدي فوراً ، وإن لم يشف الإنزلاق في حد ذاته .

– اللومباجو بسبب البرد ٢٩١ + نقط الألم

«حالة عملية» أثناء رفع حمل أحس المريض بفرقعة وألم وعدم القدرة على قيادة السيارة عند منحنى . وخز بالإبر في ٢٥–٢٨٥ + النقط مكان الألم ، واستراحت الحالة ، غير أن هذا مؤقت حتى يعالج الإنزلاق معالجة جذرية .

حساسية الأنف

يُعطى المريض لها ست جلسات ، واحدة منها يوماً بعد يوم . وتسمى كل مجموعة منها «خطة» .. ويستريح المريض أسبوعاً ثم يعطى خطة أخرى .

وفي العادة يكفي هذا ، وتحتاج الحالات الشديدة ثلاث خطط أو أربع . والنقط هي ٥١–٢٠٧–١٠٠ . النقطة ٩١ تسمى تشو تشو وتعالج الربو والإكزيما الحادة بسرعة . والنقطة ١٠٠ (ين شيانج) لإلتهاب الأنف وتوجه الإبرة للداخل وقليلاً لأعلى ويستمر الوخز حتى يعطس المريض . وتستخدم في شلل الوجه وعندما لا يستطيع المريض تحريك الفم فإتجاه الوخز لأعلى .

إلتهاب الكتف وعدم القدرة على تحريك مفصله

أساسا ٩٥–١٣٤–٩١ في الجانب المريض ، وبعدها في المناطق التي بها مضض .

العضلة شبه المنحرفة (Trapezium)

٢٠٨ بوخز شديد . وتترك الإبرة عشرين دقيقة

فإذا لم تفد هذ الوصفة كانت الوصفة الثانية وهي ٩١ على نفس الجانب + ١٨٠ على الجانب الآخر وبقوة شديدة .

في شاب عمره عشرون عاماً شديد ألمه من الكتف وعجزه عن تحريكه لم يستجب لما هو معروف ، استخدم في الجانب الآخر وخز النقاط ١٢٦–١٨٠–٩١ فخف ألمه كثيراً بعد جلسة واحدة وشفي بعد ٣ جلسات .

هذه بعض أمثلة تعطي القارئ العادي فكرة إجمالية عن أسلوب التناول وأن المسألة ليست عشوائية .

وتعطي الطبيب أيضاً نماذج تفيد .

التخـــدير

في نشرة صدرت بمقدمة مختصرة عن إستخدام الوخز بالإبر الصينية في مجال التخدير عام ١٩٧٢ ، وفي شهر إبريل منه عن مجموعة بيكنج الصينية للتخدير ورد أن عدد الذين تم تخديرهم حتى وقت إعداد النشرة داخل الصين تجاوز أربعمائة ألف .

وأن المناطق المختلفة في الصين ابتكرت طرائق شتى من وخز الجسم إلى الأذن فالأنف فالرأس ... الخ . وأن أكثر من مائة نوع من العمليات الجراحية تم تخديرها بالوخز بنجاح في أكثر من ٩٠٪ منها .

لقد أثرى هذا الطب الفارماكولوجيا في الصين وفتح طرقاً متسعة لتنيمة وتطوير علم التخدير .

تستخدم اليد للتعامل مع الإبر أو أجهزة كهربية مبسطة ، يبقى المريض تحت هذا النوع من التخدير واعياً وواضح العقل صافيه طوال وقت العملية كما تبقى أحاسيسه المختلفة ووظائف أعضائه طبيعية وليس سوى الألم من متأثر تقليلاً وتثبيطاً للدرجة التي تمكن المريض من جانبه التداخل الجراحي عليه دون ألم .

التخدير بالوخز مضاعفاته قليلة للغاية يعود بعده المرضى سريعاً إلى الأحوال الطبيعية . في مركز بينكنج خدرت ثلاثون ألف عملية بالوخز دون حادثة تخدير واحدة .

لا خطورة من زيادة دواء يعطى وتفاعلات الأدوية الضارة مع بعضها يكون أقل كثيراً .

ويزداد الفضل قضلاً في شأن وظائف أعضاء الجسم . إنه أي الوخز لا يكتفي بتركها طبيعية عند التخدير به بل أنه ينظمها ويقويها لتقاوم أثر الوطأة الجراحية عليها ويحفزها لشفاء مبكر .

كل أجزاء الجسم كمحل للجراحة يصلح التخدير بالوخز رأساً رقبة عيوناً أنفاً حلقاً وكذا الفم والأسنان والصدر والبطن والمفاصل والنساء والتوليد والأطفال .

الحالات الحرجة والمرضى المنهكون ومرضى الحساسية والكلى والكبد استفادتهم بالإبر وسيلة للتخدير عظمى لقلة ما يحتاجون إلى أدوية قد تضر بهم مع الوخز تخديراً .

رغم إستخدام الوخز بالإبر وسيلة لتخدير مئات آلاف المرضى بنجاح لأكثر من عشرة أعوام في الصين ولاتزال هناك وجوه إكلينيكية ونظرية بحاجة إلى حلول . وعلى وجه الخصوص من هذه وتلك فإن البحوث في المبادئ والآليات العلمية الأساسية للتخدير بالإبر لاتزال متخلفة كثيراً عما تحتاجه الممارسات الإكلينيكية الفعلية وهذه المشاكل بحاجة إلى حلول عاجلة بالبحث العلمي ، علينا أن نفاضل ونناضل بتواصل متنامي بهدف مزيد من تطوير فن أو فنون إستخدام الإبر بالوخز أو الوخز بالإبر حتى نسهم إسهاماً مفيداً في الأعمال السابقة والأقدام المستهدف طبياً وعلمياً لخدمة الإنسان .

التقييم أو التقويم

(أ) في العلاج : هذا ما وجدته مكتوباً بخطي عن تقييم تجربة إستخدام الطب الصيني التقليدي في العلاج عام ١٩٧٤ :

هل نستطيع القول بأن التجربة ناجحة ؟

نعم ولاشك .

لن نعالج بها كل الأمراض

لكن حالات كثيرة تشهد لها بالنجاح وتفسح لها مكاناً في الممارسة الطبية العلاجية .

لا يجب إرجاع أثرها الإيجابي في العلاج إلى عوامل نفسية خالصة وهو الذي لو حدث وأن كان كذلك فلا يقلل من دورها الإيجابي .

إن عدم فهم كل شيء عن التجربة لا يلفظ التجربة كلية أو يدعو إلى رفضها جملة وتفصيلاً ، فما أكثر الخطوط العلاجية والطرق والأدوية التي نستخدمها في الطب الحديث دون بناء لها على المنطق وإنما بالإعتماد في شأنها على الملاحظة والتجربة (Emperical) ، (امبيريقية) .

هذه نماذج رأيناها فيما مارسناه بمستشفى الساحل التعليمي مع الصينيين من استخدامات للطب الصيني التقليدي .

أحد زملائنا الأطباء يعاني لثمانية أشهر من حساسية للبيروسول المستخدم في إبادة الحشرات بدأ يتزايد ويتأثر بأكثر من كيماوي مسبب للحساسية فإذا به يشعر عند التعرض لها آلاماً في حلقة وكحة مثيرة . عولج صاحبنا

بالوخز فشفي بعد جلسات ثلاثة بمعدل يوم بعد يوم (الن قطتان ٩١-٢٥٦) .

- إكزيما على الساعد لأكثر من عشر سنين عولج بالوخز لآلام في مفاصله وشمل وخزه النقطة ٩١ ذات الإرتباط في مجالات الحساسية فخفت الإكزيما وزالت .

- تحاشياً للتكرار يفيدنا هنا مراجعة ما كتب تحت عنوان أوراق المشاهدة وفيه حالات تؤكد ما نريد .

(ب) عن التخدير : هذا ما وجدته مكتوباً عندي :

تلقى مسألة إستخدام الوخز بالإبر في نقاط واقعة على خريطة التمثيل السطحي للأعضاء الداخلية على الجسم أو أختها على الأذن لتخدير المريض إنتقاداً شديداً وحاداً بدأ فور الملاحظات الأولى لإخواننا أطباء مصر أو لكثيرين منهم .

نقص التقدير الدقيق الكامل هو السبب .

الفهم والإستيعاب الكامل أساس لاغنى عنه

نظرة عابرة لا تؤهل كي ينبني على أساسها حكم أو قضاء ، وعلى الناقد أن يرى ويسمع ويتفحص ويدرس ويوازن بين المزايا والعيوب . ليس لمنكر الوخز أسلوب تخدير للمرضى حق .

نعم لها مشاكل كونها حديثة جداً ، إذ بدأت عام ١٩٥٨ كما قلنا فهى أذن شبه جنينية إذا ماقورنت بالإبر علاجاً مورسَ في الصين منذ العصر الحجري ، لكنها مفيدة ويجب تنميتها وتطويرها .

ولها من مزاياها ودواعي إستخدامها ما يؤهلها لدور يجب إفساح مجال له في مجال طب التخدير .

- نحن لا نستطيع لفظ دواء خارج إطار الممارسة والطب لأنه لا يعالج كل الأمراض أو بسبب ماله من أعراض جانبية .

خاتمــة

مصر كبيرة وعظيمة .

ويجب أن تولي الطب الصيني التقليدي إهتماماً أكبر

بدأنا مبكراً . ثم أدرنا للتجربة ظهورنا

لا نحن حرمنا إستخدام الإبر الصينية في مصر ولا نحن نظمنا ممارسته .... وتركنا الممارسين والشارع .

وأهملنا ما يمكن الإستفادة به من هذه التجربة .

إنها أسلوب أصبح العالم يتناوله في كل البقاع وبلغات شتى وهي رخيصة ومفيدة .

وكمجال علمي ليس لائقاً تركه دون إهتمام .

مصر أكبر وأعظم من أن يكون لها هذا الموقف من تجربة كهذه ، لذلك أهدي هذا العمل إلى رئيس لجنة الخدمات بمجلس الشوري ورئيس لجنة الصحة بمجلس الشعب وإلى نقيب أطباء مصر .

الأول عالم وسياسي وإنسان كان له فضل السبق والريادة في أن يفتح عين مصر على هذه التجربة منذ ثلاثة وعشرين عاماً وهو وزير للصحة ولم يزل جم النشاط وموفور العلم والتأثير .

والثاني أستاذ جامعي وسياسي ونشاطه وحيويته تجعل من المرجى أن يلبي فيه من الرجا بشأن تجربة الصين في شأن الطب .

والله فوق القصد

وهو الهادي إلى طريق الرشاد .

المراجـــع

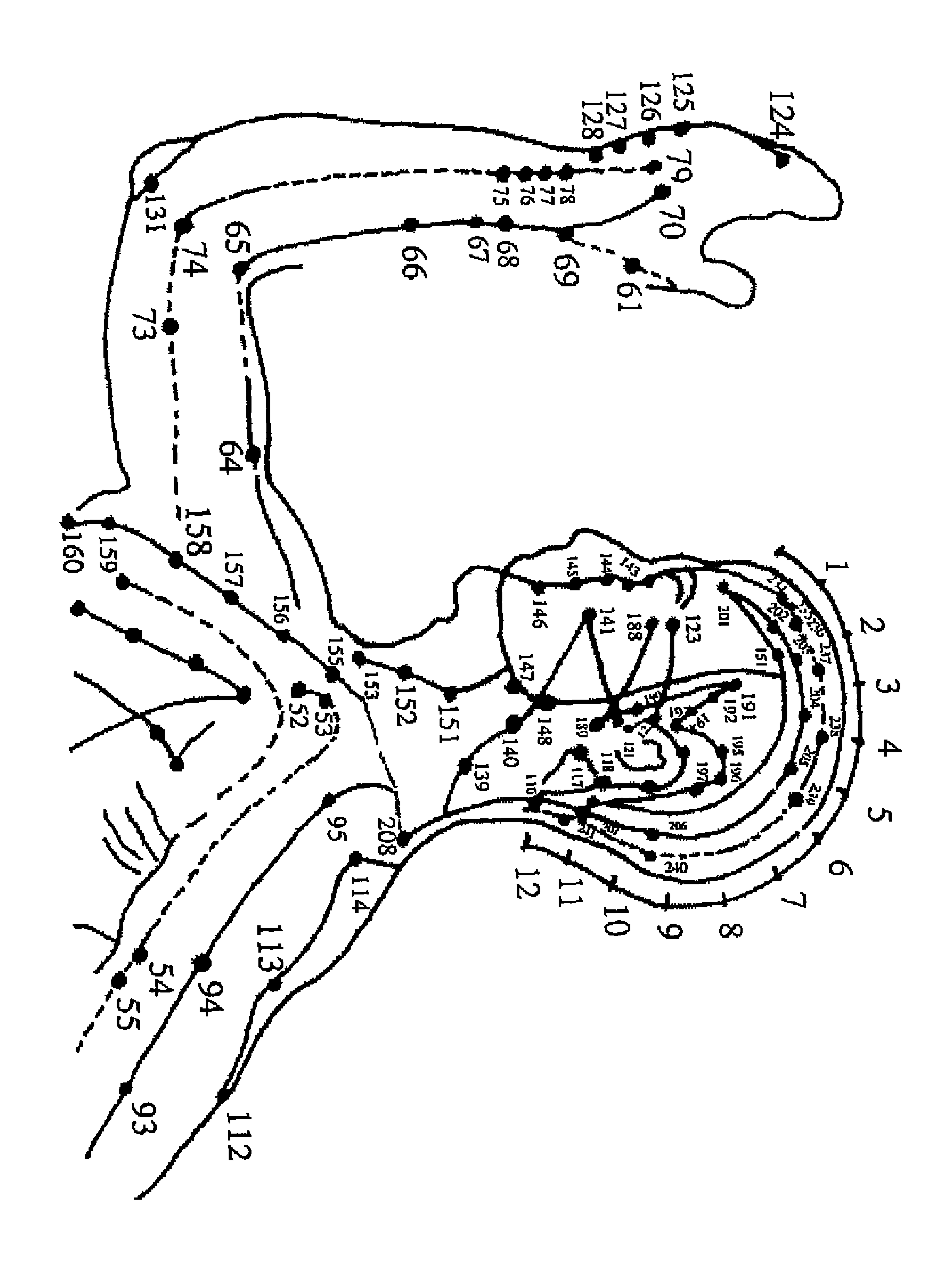
(أ) المراجع باللغة العربية :

١ – **إدوارد إلياس إلياس** – دار إلياس العصرية للطباعة والنشر بالقاهرة . قاموس إلياس الجامعي – إنجليزي عربي . القاهرة . بدون تاريخ .

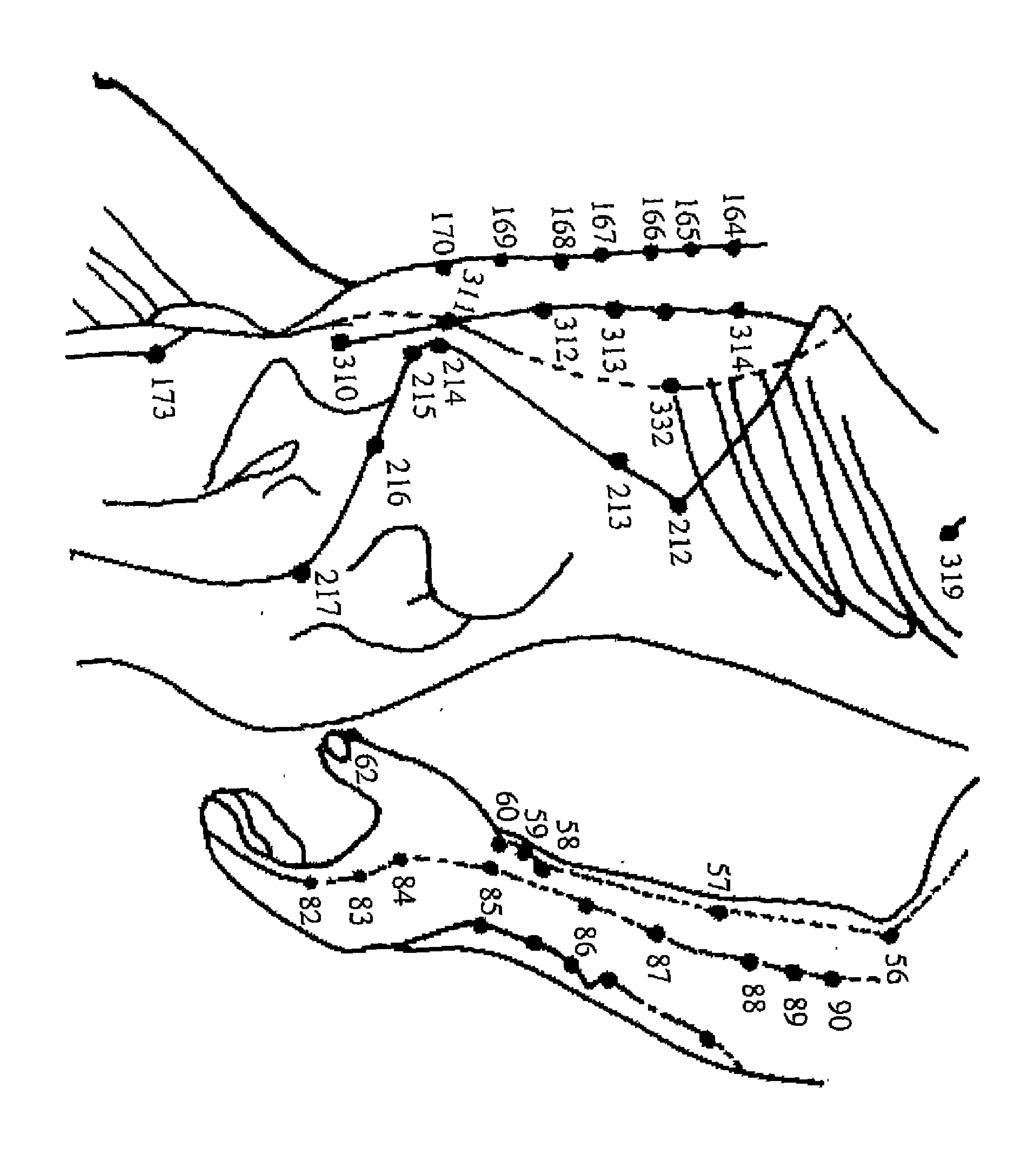
٢ – **جريدة الأهرام اليومية** – دار الأهرام . شارع الجلاء . القاهرة . ج .م .ع . علاج جميع الأمراض عن طريق القدم . عدد الجريدة الصادر في ١٢ أكتوبر ١٩٧٥ .

٣ – **لطفي سليمان** – الدكتور – عمارة الأوقاف . شارع الحرية . مدينة الفيوم محافظة الفيوم ج .م .ع . تجربة شخصية مع الفريق الصيني بمصر ، نظرية وعملية وتدريبية على إستخدام الإبر الصينية في العلاج التخدير بمستشفى الساحل التعليمي بالقاهرة . ج .م .ع .في يونيو ١٩٩٥ .

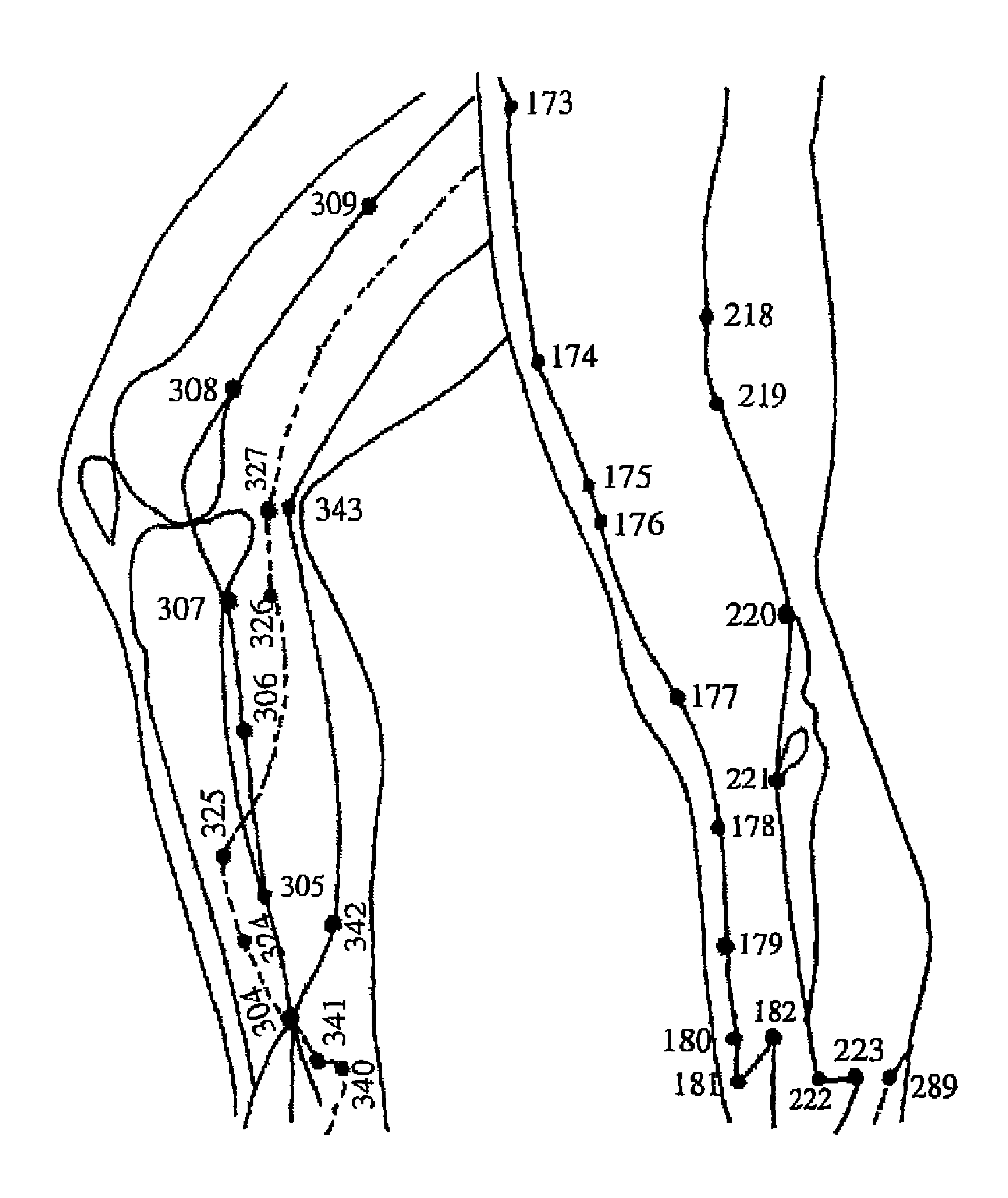
٤ – **محمد فوزي جاب الله** – أستاذ دكتور بكلية طب قصر العيني – جامعة القاهرة . القاهرة . ج .م .ع . القاموس الطبي الوجيز – إنجليزي عربي . صادر عن دار الكتاب الجامعي بالقاهرة . ج .م .ع . ١٩٩٧ .



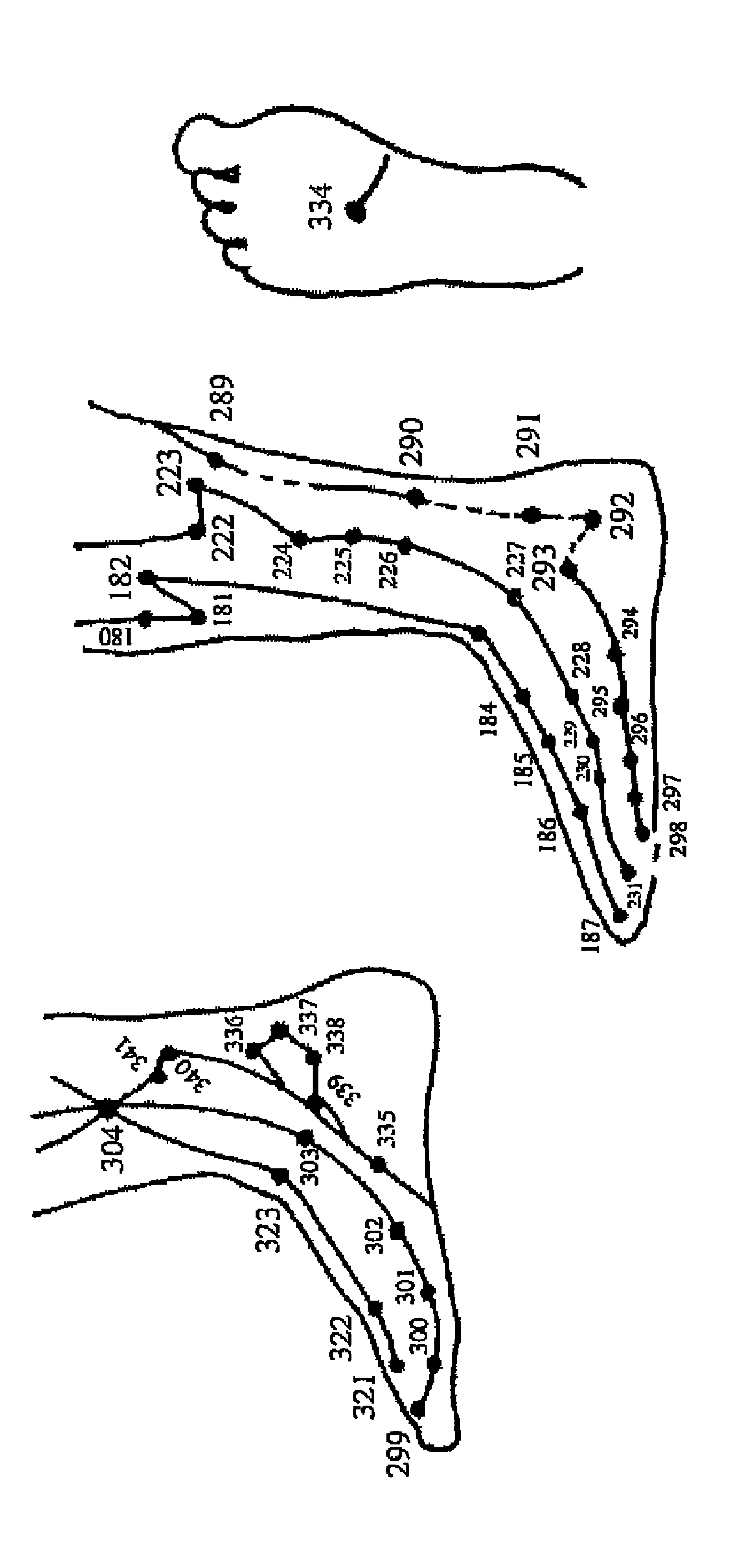
LATERAL VIEW (A)



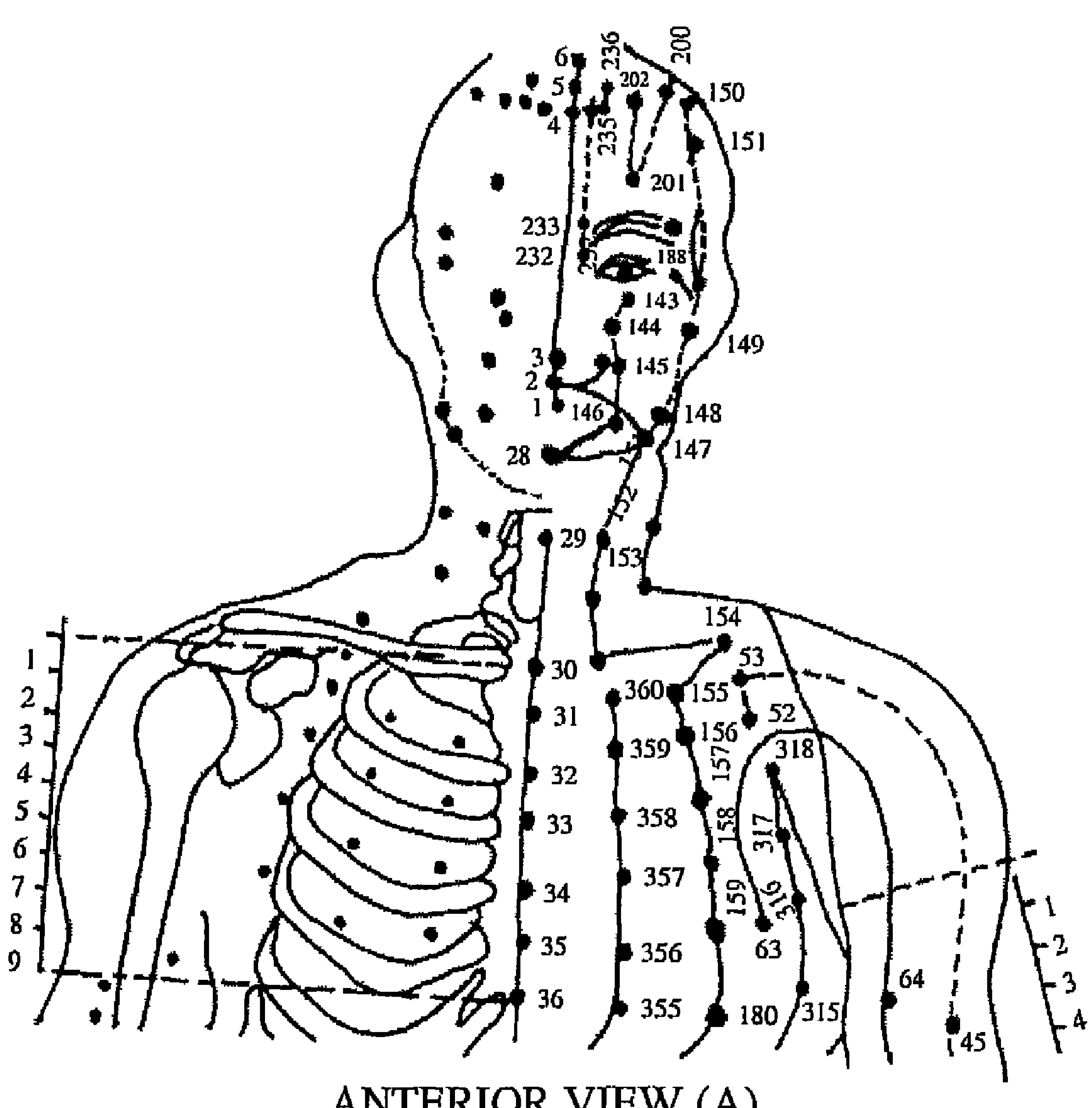
LATERAL VIEW (B)



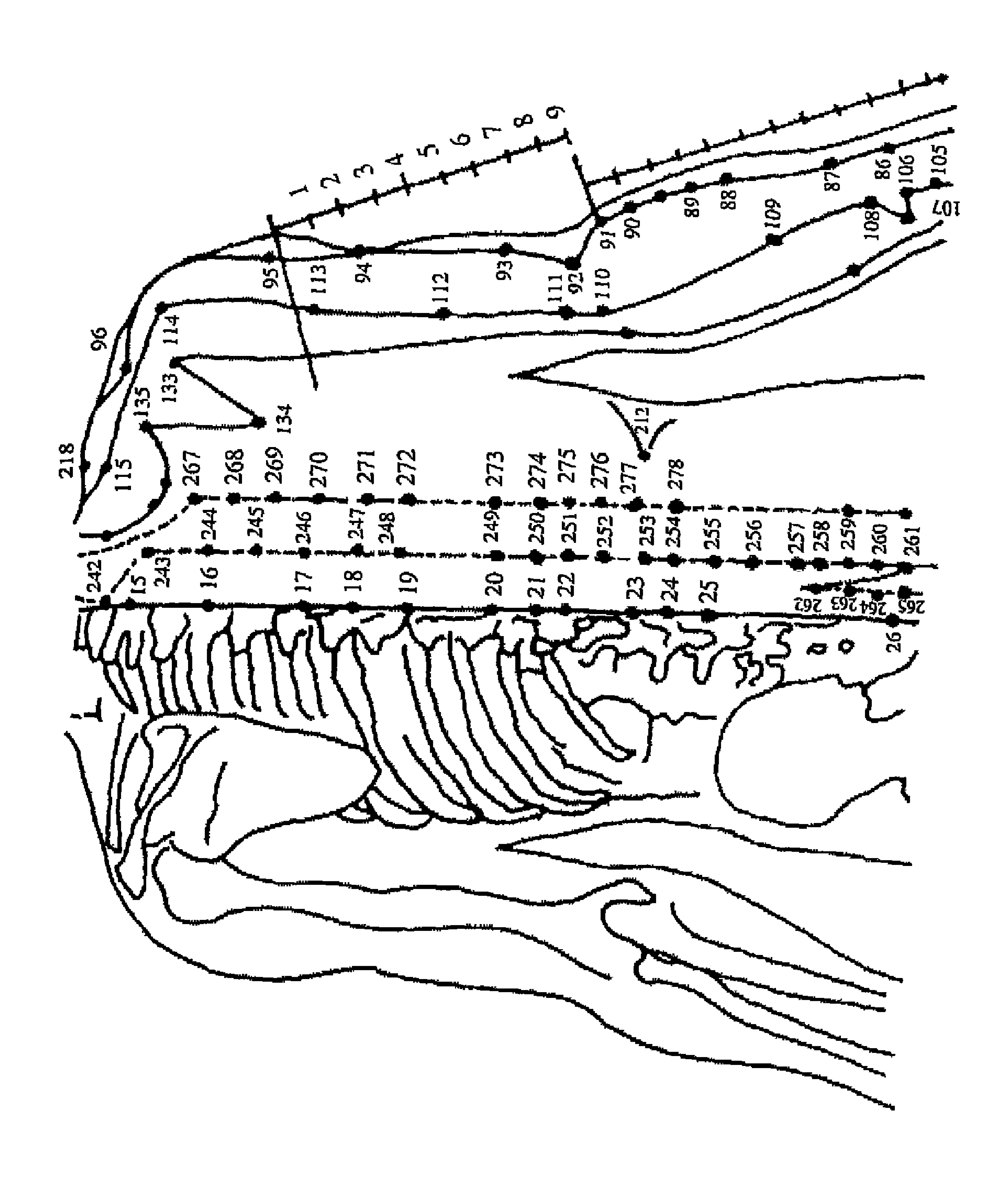
LATERL VIEW (C)



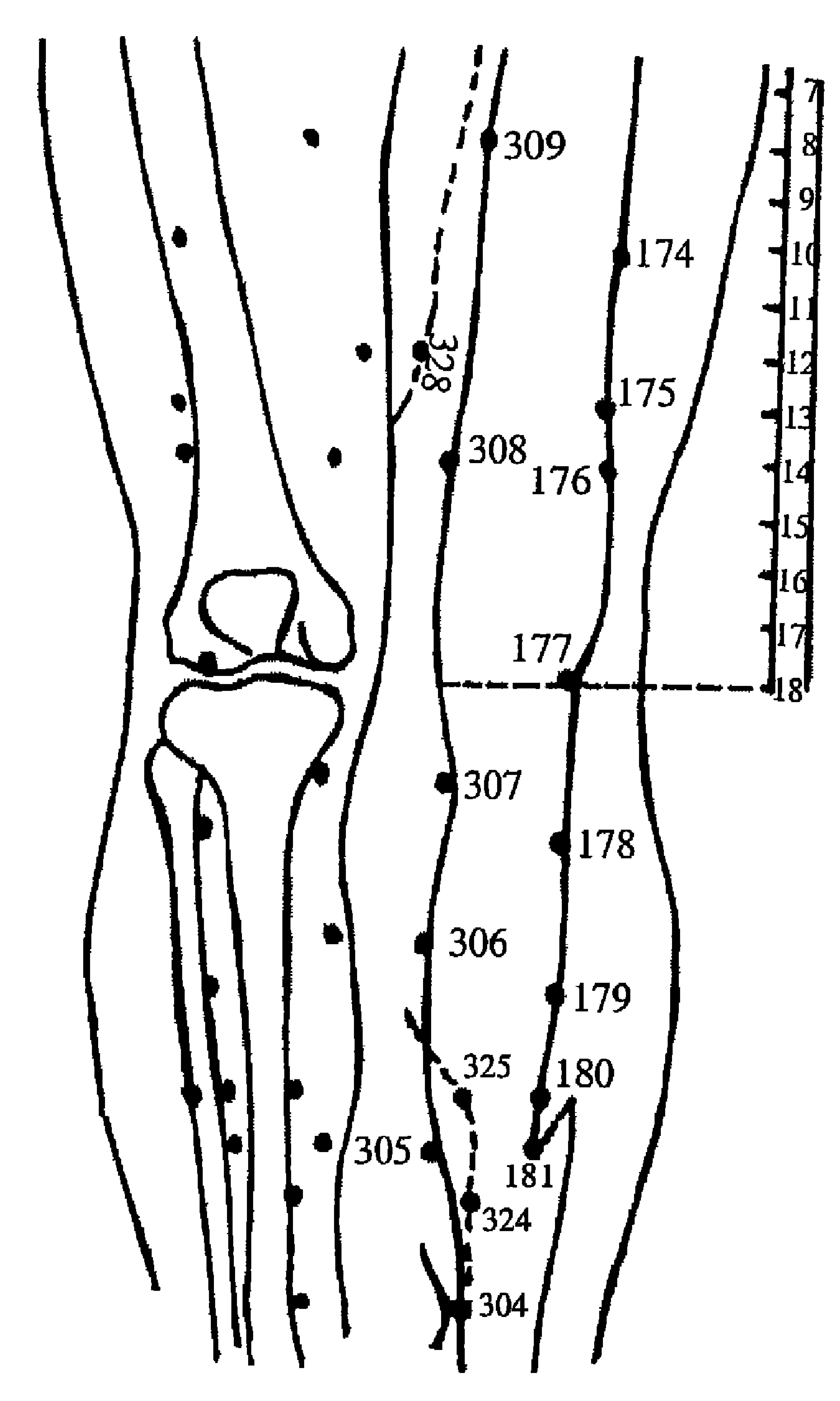
LATERAL VIEW (D)



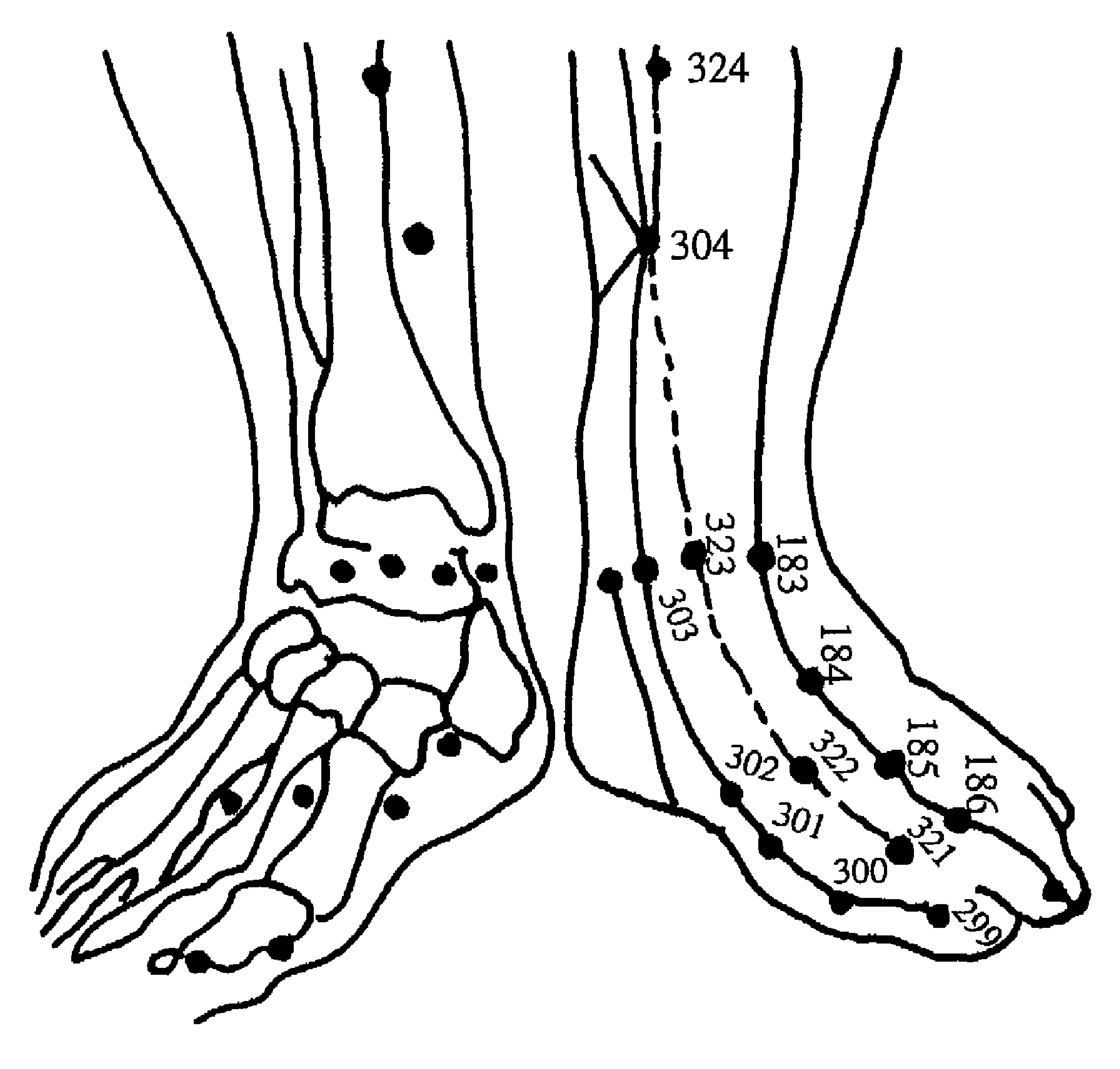
ANTERIOR VIEW (A)



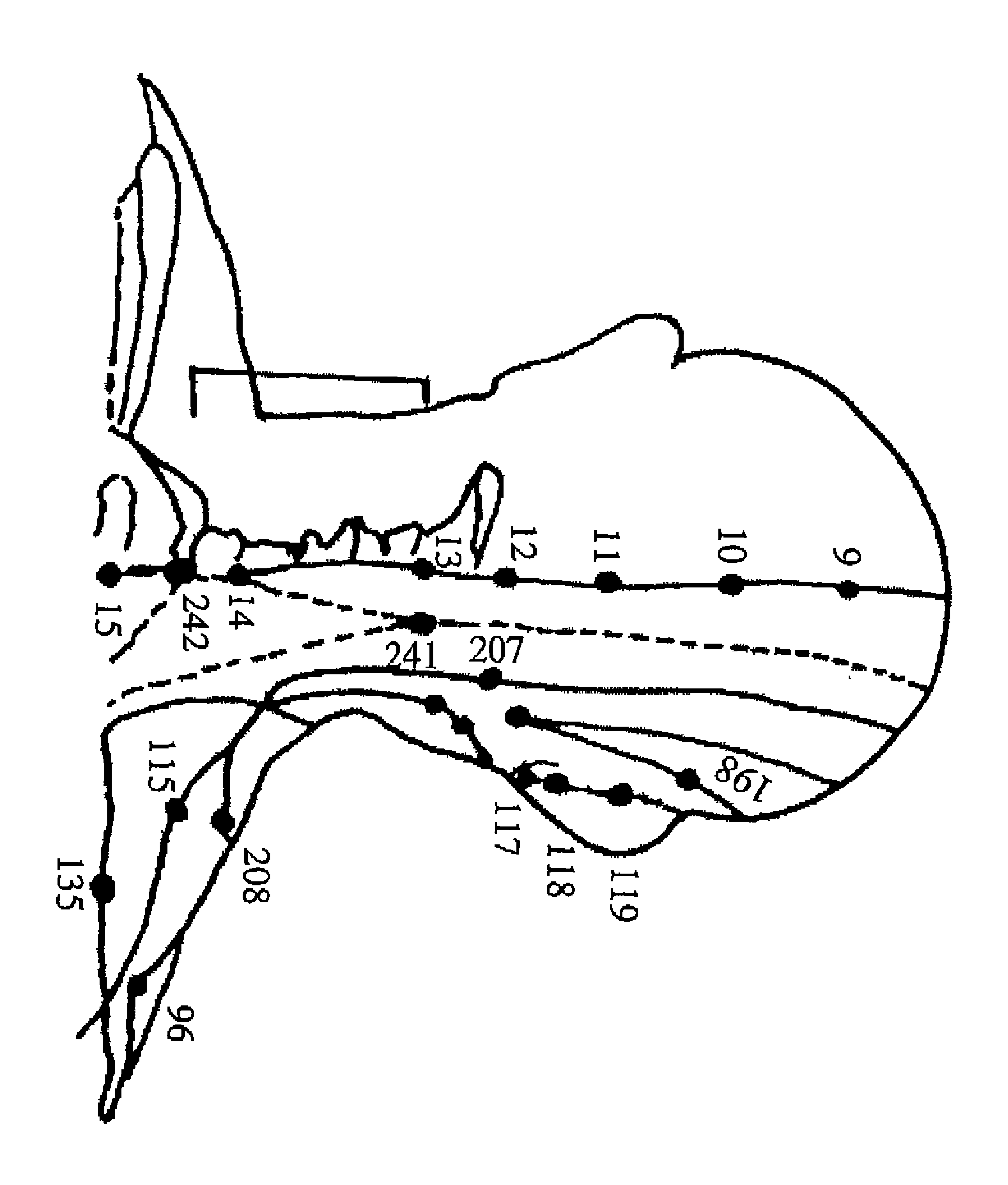
ANTERIOR VIEW (B)



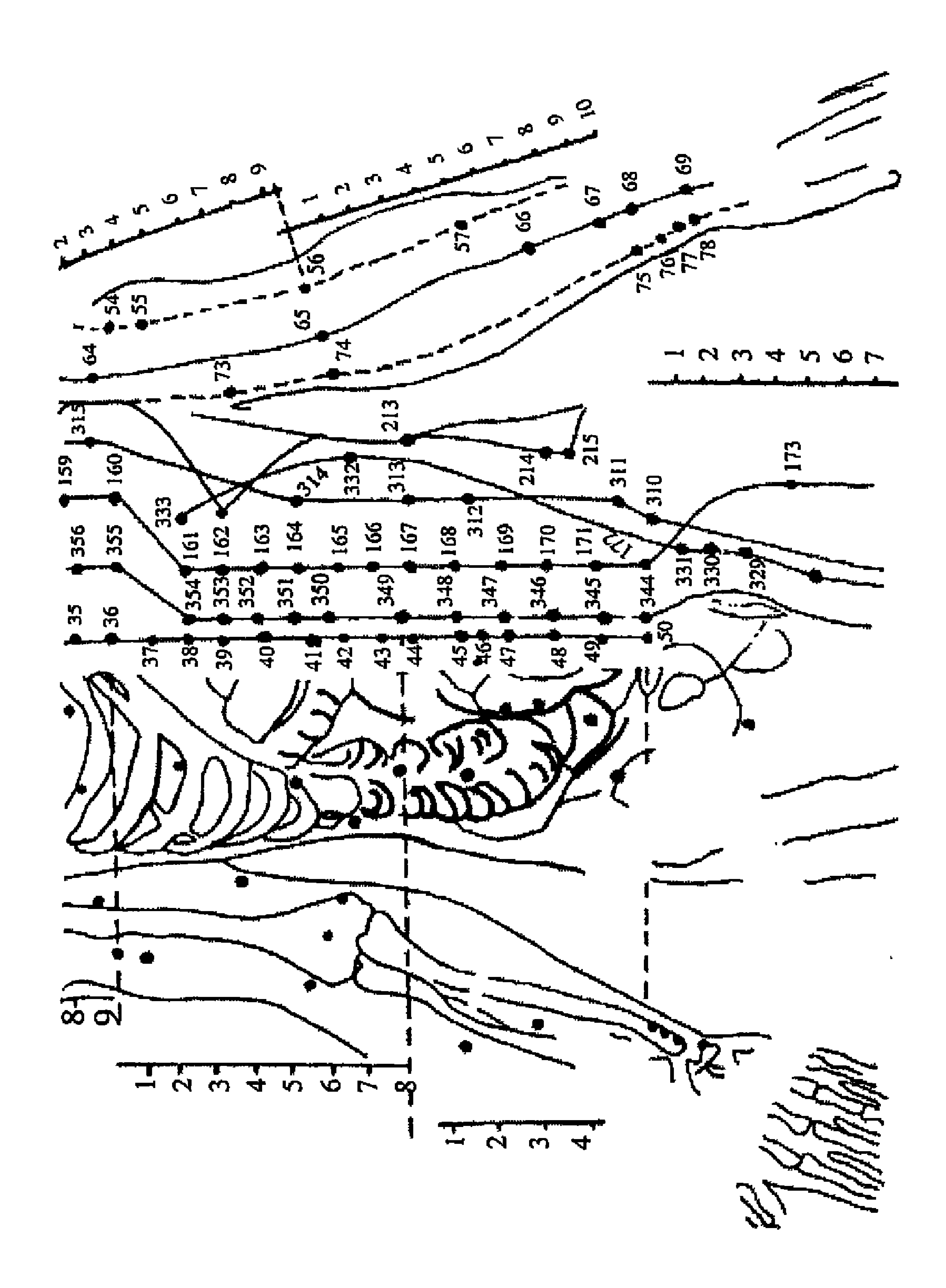
ANTERIOR VIEW (C)



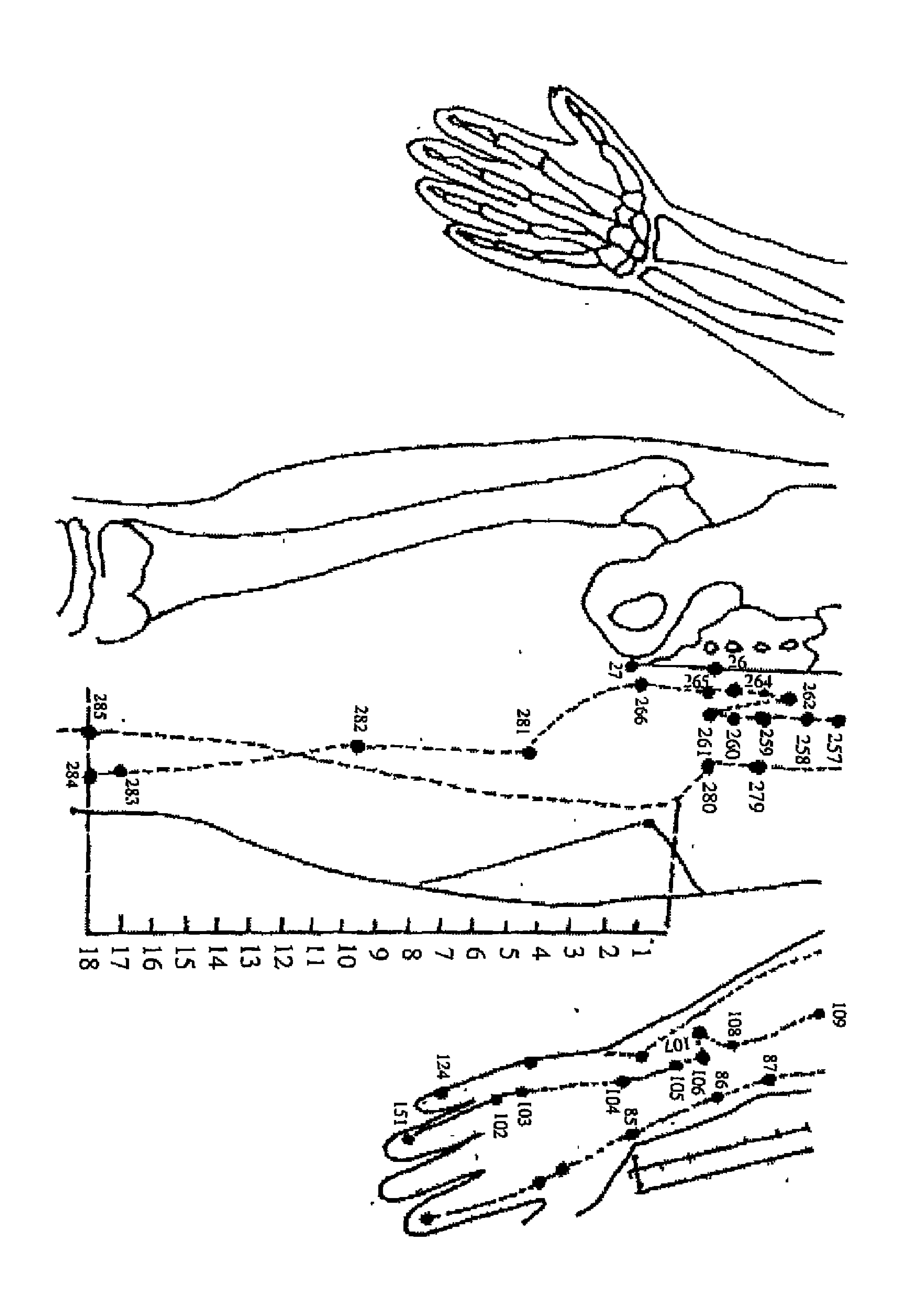
ANTERIOR VIEW (D)



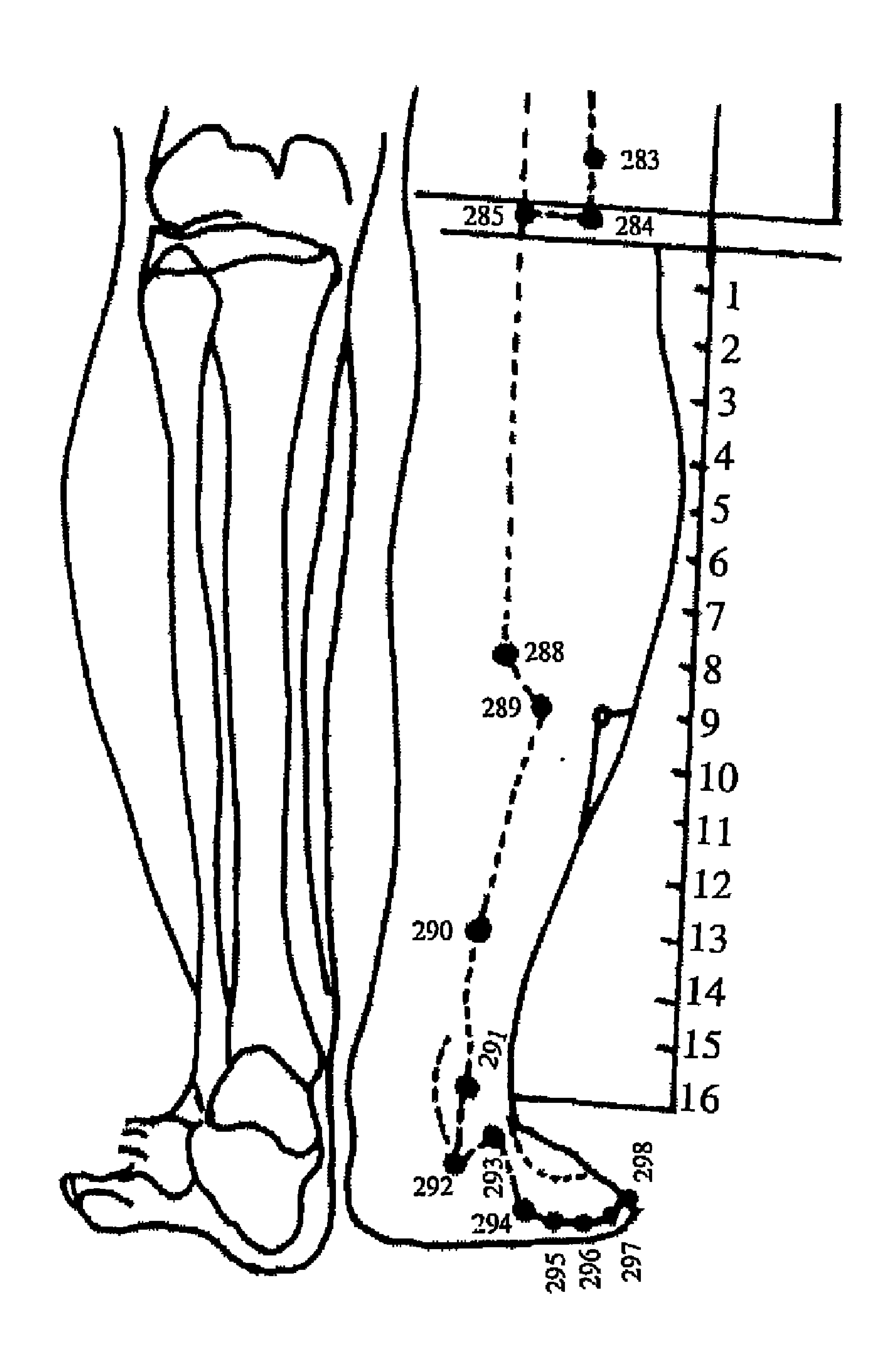
POSTERIOR VIEW(1)



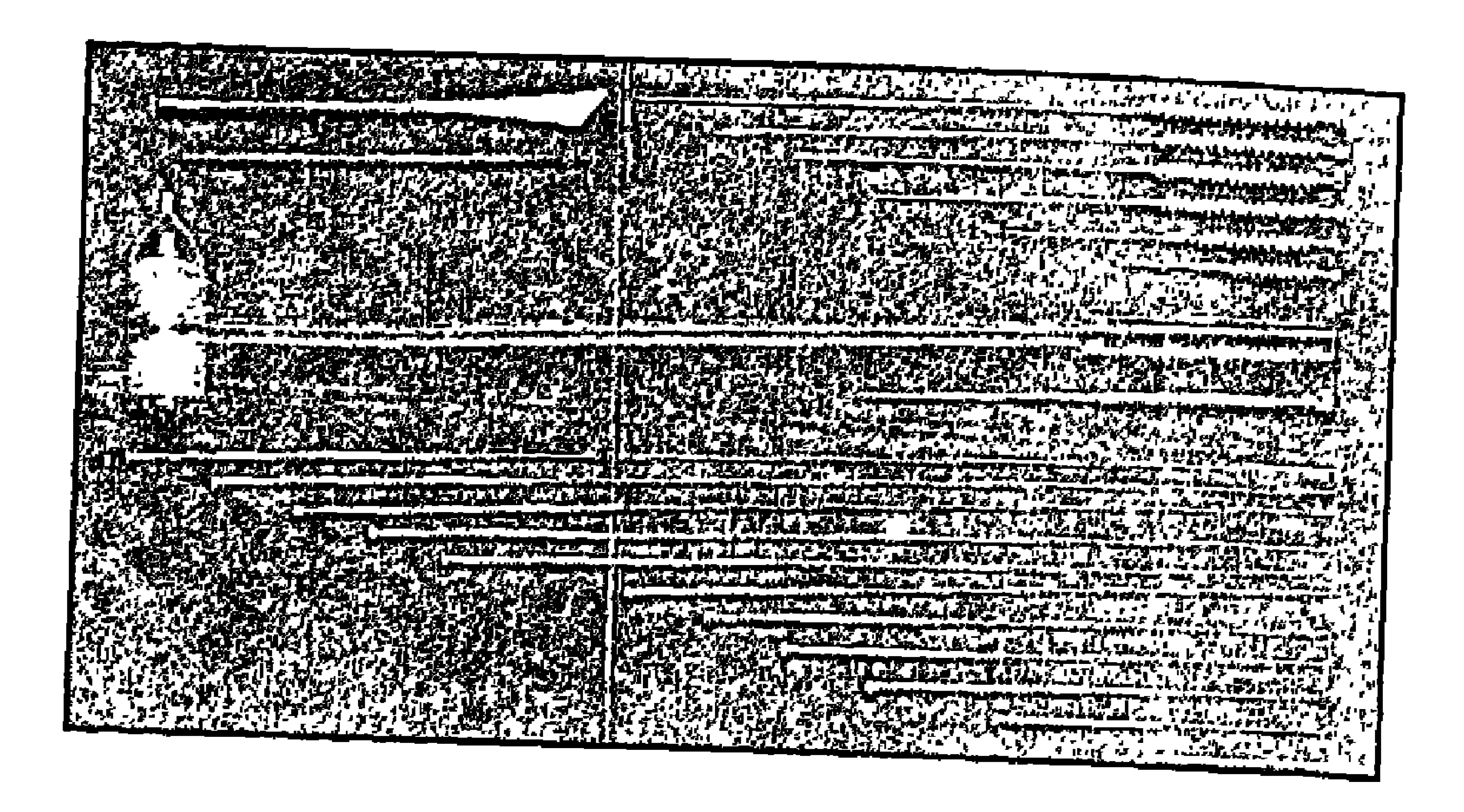
POSTERIOR VIEW(2)

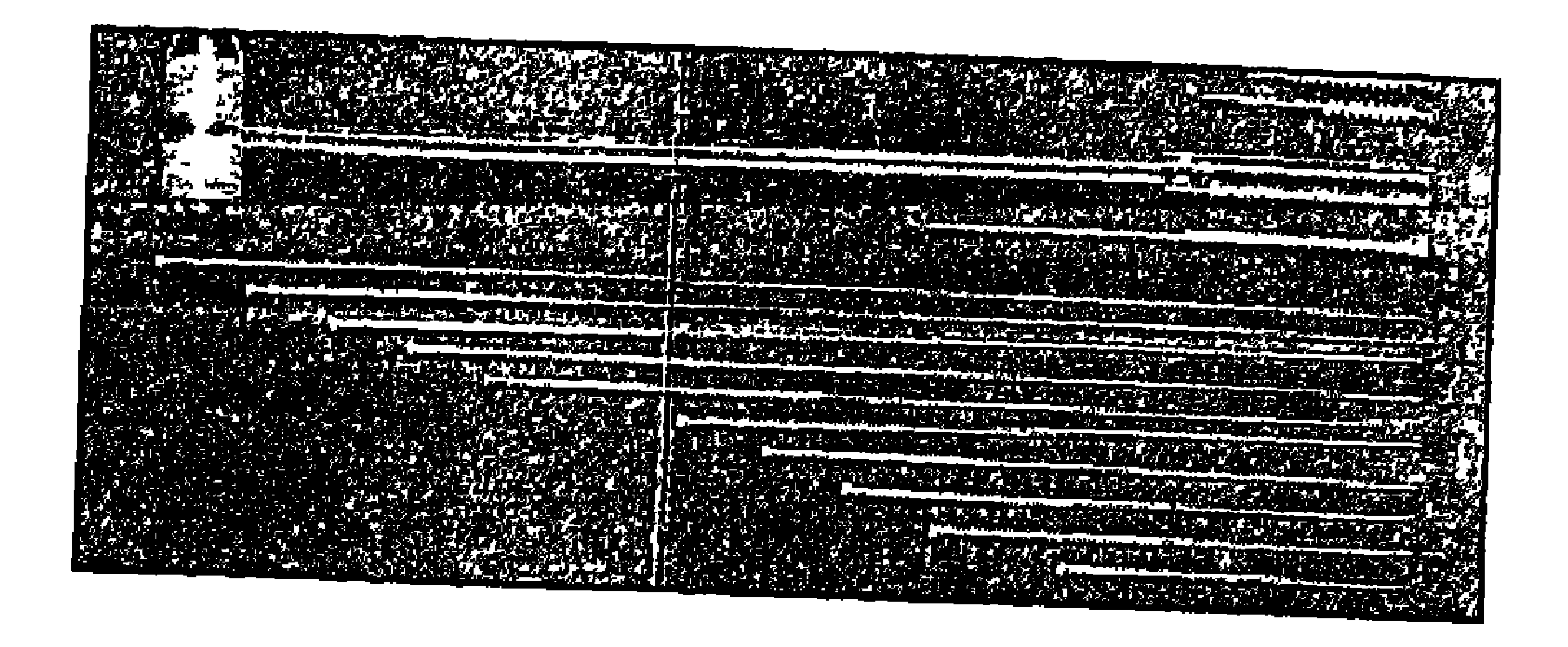


POSTERIOR VIEW(3)



POSTERIOR VIEW(4)

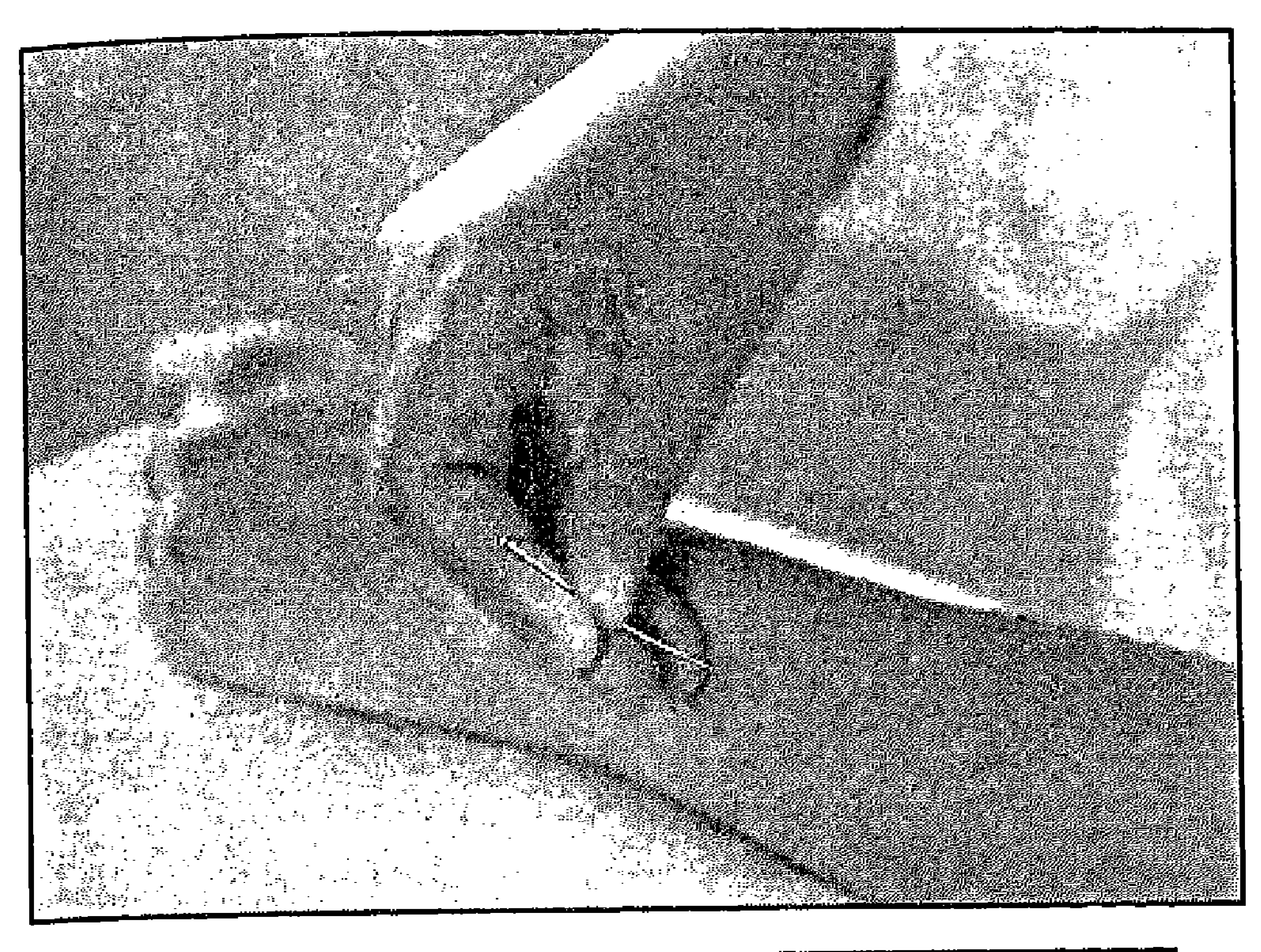





التجويف الصدري
الرقبة
المعدة
الغدة الدرقية
البنكرياس
الغدة فوق الكلية
الكلية
القولون المستعرض
الأمعاء الدقيقة
الرئة
الحالب
الكبد

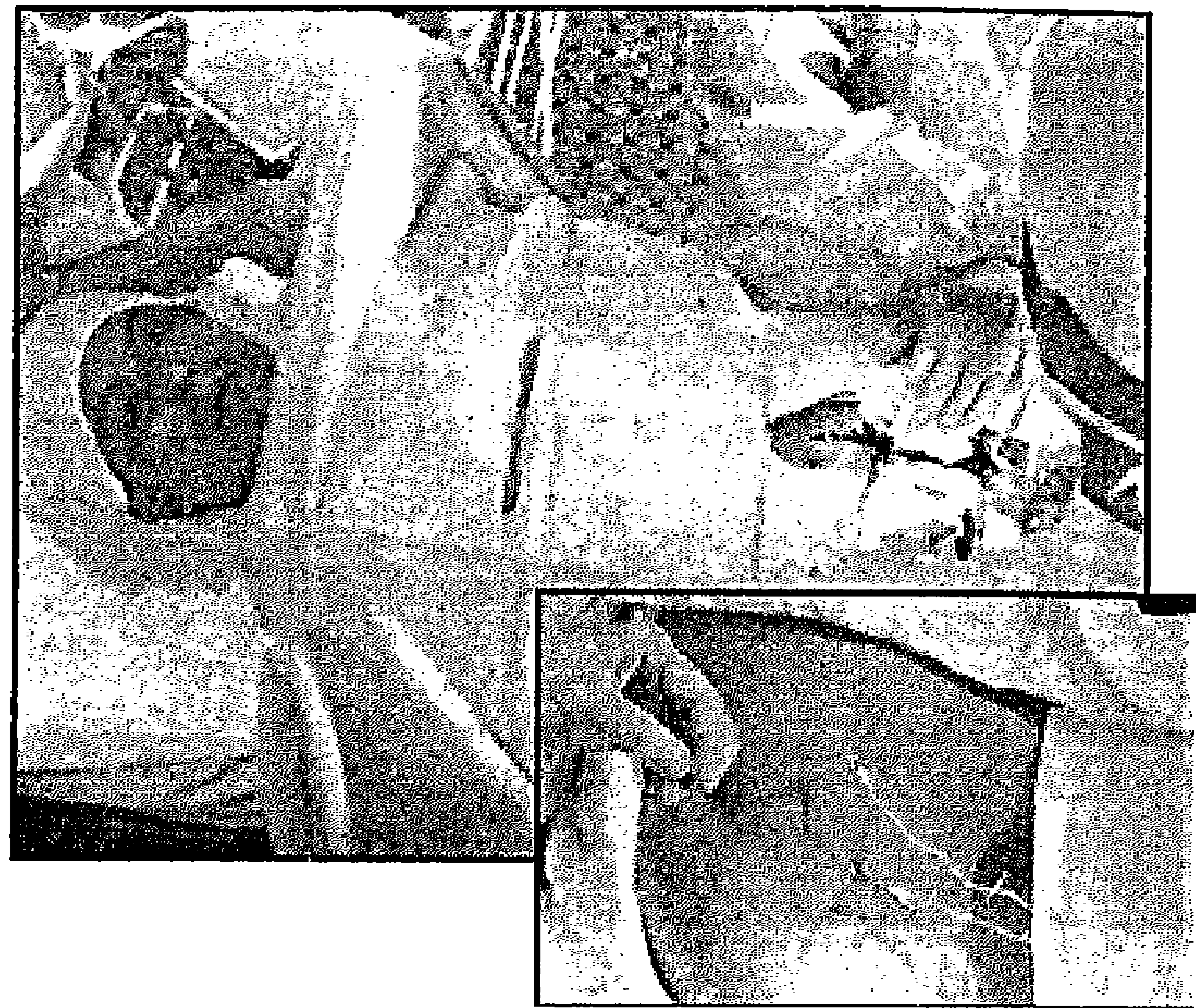



A
B

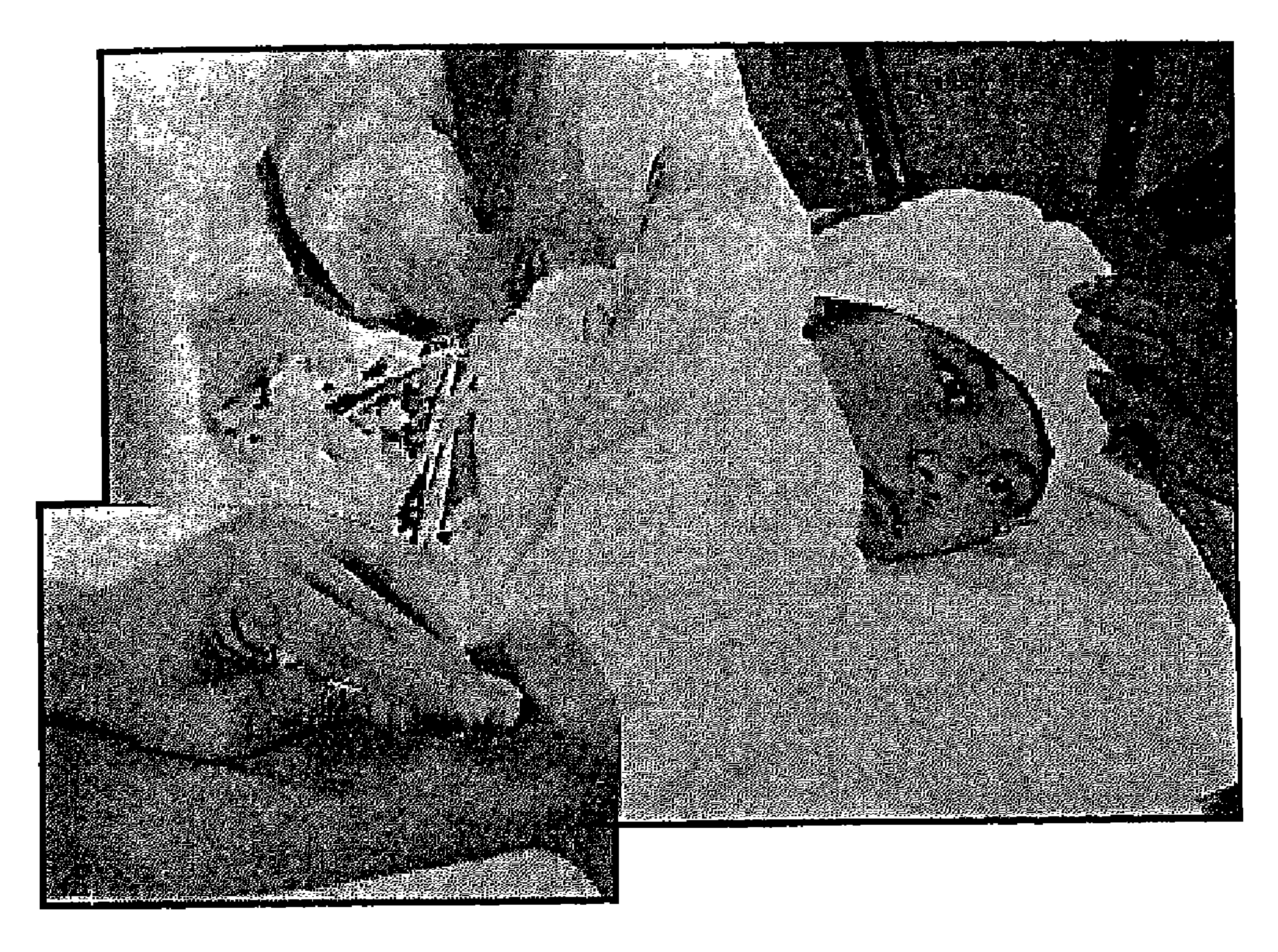












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* The width of skin clamped was 1 cm. The pointer of micrometer moved I scale whenever the forceps were pressed together by 0.1 cm (equivalent ot 100 gm of weight).

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that before some operative procedures, such as incision or suturing of peritoneum , elevating of periosteum and forceful traction of viscera, the pateint might develop reactions. In such cases, some local anaesthetics such as procaine could be applied as local infiltration or nerve blocking. Some of the patients underwent acupuncture anaesthesia successfully without any adjuvant drug during the entire procedure.

from dozens per minute to hundreds per second. On application, the intensity control-knob was initially adjusted to a minimum, and then increased gradually. Most of the patients reported a feeling of numbness and distention. The intensity of electrical stimulation was given to such an extent that the local musculature quivered slightly, while the patient experienced a moderate degree of irritative sensation. Ho wever, attention must be paid to the fact that this sensation often tended to decrease or to disappear, therefore the intensity of electrical stimulation should be adequately increased from time to time or an intermittent electrical stimulation might be applied.

C. Intensity of stimulation

As the response to acupuncture stimulus varied greatly with different patients, the intensity of stimulation, manual or electrical, should be governed by the habitus and general condition of the patient, as well as by his sensitivity and tolerance to acupuncture. In addition, the irritative effect of the operative trauma to the body and the duration of operation should also be taken into consideration.

D. Induction

Prior to operation, a preliminary stimulation was performed on the selected points for a certain period of time, in order to render the patient adaptable to further acupuncture stimulations gradually, thus producing a good analgesic effect. The induction time required generally 15-30 minutes.

Adjuvant drugs

Like other anaesthesia methods, adjuvant drugs such as meperidine, might be required before and during operation under acupuncture anaesthesia. Our experience indicated

ally between 1-3 cm. The insertion should be done swiftly and accurately, followed by rotating to and fro slowly with lifting and thrusting movements, to produce a feeling of sourness, distensionand heaviness in the patient.

B. Methods of stimulation

After procuring a needling sensation, the patient was then subjected to stimulation by hand manoeuvre (or a mechanical manipulator simulating hand manoeuvre) or electric pulse stimulator.

1. The hand manoeuvre: It is the fundamental method of acupuncture stimulation. In general, the needle is held with thumb, index and middle fingers, and stimulation is performed by lifting, thrusting and rotating movements. An experienced acupuncturist is always able to perceive the decreasing and disappearing of "needling sensation" of the patient, and would then adjust the stimulation in time. The frequency of needling was generally maintained at 100-200 movements per minute, the range of rotation between 90^{o}-360^{o}, and the depth of lifting and thrusting below 10 mm. The hand maneuver should be smooth and even,. to keep the shaft and the tip of the needle in the same direction. The strength and speed of the hand maneuver were adjusted in accordance with the operative procedure and response of the patient, so that he was able to tolerate.

2. Electrical pulse stimulation: The inserted needle was connected to an electric pulse stimulator and a pulsatile current was passed. The output of the electric acupuncture apparatus currently in use was generally in form of biphasic spike waves biphasic square waves or sinusoid waves. The frequency of the electric pulse usually ranged

implicated points according to the principles of Tsang Fu function and their interrelations. This method was usually used in co-ordination with the first one . For instance, in cardiac and pulmonary operations Chieh-Men of the envelope of the heart meridian was selected.

3. Selection of points according to the segmental distribution of the spinal nerves. Points were selected in the same or neighbouring segmentally innervated areas. For instance, in thyroid operations Fu-Tu was selected.

B. Ear acupuncture anaesthesia

Acunpuncture points on the auricula are disturbed schematically. Every part of the body has its representative area on the auricula. The points might also be selected according to the method of Tsang Fu, Ching Lo and discrimination of Cheng.

1. Acupuncture points selected according to the site of operation: The site of incision and that of organ to be operated on have corresponding points on the auricula. Similarly, for certain diseases there are responsive points on the auricula. For insta nce, the Stomach point or Abdomen point was selected in subtotal gastrectomy.
2. Subordinate points: Based on clinical experiences, Shen-Men point and Sypmathetic point were considered as possessing a better analgesic, sedative effect on the whole body and were selected frequently as subordinate points.

Acupuncture stimulation

A. Needling

The depth of needling should be determined according to the habitus of the patient and the site of acupuncture, gener-

that might occur during the operation, to expel his anxiety toward surgical treatment and to secure his co-operation.

Selection of acupuncture points

At present there are many kinds of acupuncture anaesthesia with a variety of ways in selecting the acupuncture points. This article introduces only the body acupuncture and ear acupuncture currently adopted in shanghai district. The body acupuncture selects points along meridians on the trunk and the extremities. The ear acupuncture is only limited to those points on the auricula. these two methods were sometimes used in combination.

A. Body acupuncture anaesthesia

The following principles have been generally adopted:

1. Selection of points along the meridians. This is based on the Ching Lo theory: "wherever the Ching Me traverses, wherein lies the amenability of treatment". Acupuncture points were selected along the related meridians. In general, acupuncture points with strong induction and good analgesic effect were selected along the meridians intercepted by or in the vicinity of the incision, and also the meridians related to the Tsang Fu to be operated on. For instance, in gastrointesinal operations Tsu-San -Li of the stomach meridian was selected. Sometimes points near the site of operation were added to strengthen the effect of local analgesia.
2. Selection of points by discrimination of Cheng. Points were selected according to the method of discriminating Cheng of the traditional Chinese medicine, i.e., to discriminate first the relationships between the symptoms of disease or the responses o f the patient during the operation with the Tsang Fu and Ching Lo, and then to determine the

Table 6. Results of pain tolerance thresholds tested by tooth forceps equipped with a micrometer before and after needling in 114 cases of pulmonary resection

Effectiveness of acupuncture anaesthesia	Pain tolerance threshold before needling				Pain tolerance threshold after needling			
	high	middle	low	total	high	middle	low	total
Patients with grade I or grade II anesthetic effect	28	19	9	56	45	11	0	56
Patients with grade III of grade IV anesthetic ef-fect	12	28	18	58	20	26	11	56
Total	40	47	27	114	65	37	11	113
Grades I and II combined (%)								
$\%^2$ test	P<0.01				P<0.01			

Table 7. Changes of skin temperature before and after needling in 47 cases of craniotomy

Skin temperature changes after needling	Results of acupuncture		Total
	Grade I and II	Grade III and IV	
Skin temperature increased	20	0	20
Skin temperature decreased	13	14	27
Total	33	14	47
$\%^2$ test	P<0.01		

METHODS OF ACUPUNCTURE ANESTHESIA

Preparation before operation

Prior to operation the patient should be needled one to several times, in order to find out his tolerance and adaptability toward the acupuncture stimulation (the "needling test"). At the same time, the operative procedure should be introduced to the patient with a full explanation of all possible reactions

Table 3. Comparison of the results obtained by needling Chuan-Liao and other acupuncture points for craniotomies with frontal incision

Acupuncture point needled	No. of cases	Grade I	Grade II	Grade III	Grade IV	Grades I & II combined	$\%^2$ test
Chuao-Liao ( )	80	44	23	12	1	83.7%	$P<0.05$
Other acupuncture points	28	6	11	10	1	60.7%	$P<0.05$

Table 4. Comparison of the results obtained by needling Fu-Tu and other acupuncture points for thyroid operations

Acupuncture point needled	No. of cases	Grade I	Grade II	Grade III	Grade IV	Grades I & II combined	$\%^2$ test
Chuao-Liao ( )	314	231	66	13	4	94.6%	$P<0.01$
Other acupuncture points	356	134	143	52	27	77.8%	$P<0.01$

Table 5. Comparison of the results obtained by needling a composite of acupuncture points on the dorsum of body with T'ze-Liao as the main point and other acupuncture prescriptions for abdominal hysterectomy

Acupuncture point needled	No. of cases	Grade I	Grade II	Grade III	Grade IV	Grades I & II combined	$\%^2$ test
T'ze-Liao on both sides, Yao-Shu and Ming-Men	403	146	176	37	44	89.1%	$P<0.01$
Other acupuncture prescriptions	187	57	60	30	40	78.5%	$P<0.01$

of pain abatemen t, in order to decrease the irritation and trauma of the operation.

As we know, calmness and optimism can reduce pain sensation, while tension and anxiety will enhance the sensation and response to pain. In the practice of acupuncture anaesthesia, it was observed that under tension and anxiety, there was a liability of changes in blood pressure, pulse rate, perspiration and endocrine secretion, as well as an increase in muscle tension; whereas calmness and optimism could maintain the aforementioned physiological functions in a stable condition, thereby facilitating the progress of the operation. Furthermore, the active co-operation of the patient with the surgeon during the operation is also very important. For example, in lobectomy of lung under acupuncture anaesthesia, the cause of oppressive feeling and difficulty in breathing when the thorax is opened should be explained to the patient beforehand, and the patient could be trained to make abdominal restorations. In this manner, with the patient retaining composure and taking abdominal respiration actively during the operation, mediastinal flutter could be prevented or reduced.

Table 2. Comparison of the results obtained by needling Chuan-Liao for craniotomies with frontal incision and incision and incision at other regions

Site of operation	No. of cases	Grade I	Grade II	Grade III	Grade IV	Grades I & II combined	%² test
Craniotomy with frontal · incision	80	44	23	12	1	83.7%	0.0 5
Craniotomy with incision at other regions	14	7	1	2	4	57.1%	0.0 5

sults that there was anaesthia individual variation in pain tolerance threshold, which was in positive corre lation with the effectiveness of acupuncture anaesthesia. The percentage of patients with high pain tolerance thresholds was increased markedly after needling, rising from 35.1% 57.5%, whereas the percentage of patients with low pain tolerance thresh olds dropped from 23.7% before needling to 9.7% after needling. This suggested that needling of acupuncture points was capable to elevate the pain tolerance threshold.

We also observed the changes in skin temperature after acupuncture induction in 47 cases undergoing craniotomies. At a stabilized room temperature of 22oC, the skin temperature of the palmer surface of the distal phalanges of the index and ring finge rs as well as the centre of the palm of the hand contralatal to the acupuncture point needled were tested by a transistorized thermometer. After resting for 30 minutes, skin temperatures were tested every ten minutes until a relatively stable level w as obtained. Then Ho-Ku and Nei-Kuan were needled. Skin temperatures were tested again at 5,20 and 30 minutes after needling. The results are shown in table 7. Among the 33 cases with grade I or grade II anesthetic effect, 20 had a rise in skin temperature, while none of the 14 cases with grade III or grade IV anesthetic effect showed any elevation in skin temperature. This suggested that there was a correlation between the individual variation in anesthetic effectiveness and skin temperature ch anges after acupuncture induction.

Adaptation of surgeons and patients to the requirements of acupuncture anaesthesia.

Under any kind of anaesthesia, surgical manipulations should be carried out steadily, precisely, lightly nimbly. With acupuncture anaesthesia, this is even more important since there are still some problems such as the incompleteness

fixed level. In orde to obtain a good result, the intensity of stimulation must also be modulated in accordance with the steps of surgical procedures throughout the course of operation.

Individual variation

As seen frequently in clinical practice, those patients with good anesthetic effect had also a good needling response. After the induction, they had a warm feeling over the whole body, and there were dilatation of superficial blood vessels. On the contrary, those without such responses usually had poor anesthetic effect. This suggested that there existed anaesthia individual variation in the effectiveness of acupuncture anaesthesia. We studied the correlation between the change in the threshold of pain tolerance before and after acupuncture induction and the clinical anesthetic effect. One hundred cases of lung resection under acupuncture anaesthesia were analysed. Pain tolerance thresholds (readings where the patient could not tolerate the pain) were tested in the skin area lateral to the thoracotomy incision by a pair of tooth forceps equipped with a micrometer or by a potassium ion electrophoretic dolorimeter. According to the distribution of pain tolerance thresholds in these patients, it was graded into three categories, i.e., high, middle and low levels (tooth forceps: high =8-10 scales(*) middle =6-7.9 scales, low scales; electrophoretic dolorimeter: high 5mA, middle=3.5-5.0 \mA, low mA). Table 6 shows that in patients with high pain tolerance thresholds before needling, the combined rate of grades I and II of acupuncture anaesthesia reached 70%, whereas that of those with low pain tolerance thresholds was 33.3% only. Likewise, the combined rate of grades I and I I of those with high pain tolerance thresholds after needling was 69.2%, while that of those with low pain tolerance thresholds was 0%. The re-

of grade I and Ii comibed when needling Chuan-Liao was better than other acupuncture points (table 3). Thus it was shown that Chuan-Liao was specific for thyroid operations (table 4), and a composite of acupuncture points on the dorsum of body with T'ze-Liao as the main point was specific for abdominal hysterectomy (table 5). The correlation between acupuncture points and the sites of operation seemed to be related to the segmental distribution of nerves. According to our experience, selection of acupuncture points located in the same or neighbouring segments as that of the operative field could give better results th an those points located further away.

Intensity of Acupuncture Stimulation

We have studied the influence of stimulation strength on the effectiveness of acupuncture anaesthesia in thyroid operations. An electric acupuncture apparatus was used for stimulation. Through the study of 670 cases, it was found that if the frequency was kept around 200 Hertz, with biphasicspike waves, the most suitable voltage was arouond 6-20 volts. Intensity greater or lesser than this limit was unsatifactory. Using microelectrodes to record the pain discharges of pain sensitive neurons in nucleus parafascicularis of animals in response to nocuous stimuli, it was found that such pain discharges could be inhibited by electrical stimulation of certain acupuncture points on the lower extremities or on a sensory nerve. the intensity of stimulation should not be too great, however, otherwise anaesthia paradoxical effect would be produced.

The clinical observations and laboratory experiments described above showed that the intensity of stimualtion used in acupuncture anaesthesia must be adjusted according to the general condition and the tolerance to needling of each individual patient , and should not be prescribed arbitrarly at a

FACTORS INFLUENCING THE EFFCTIVENESS OF ACUPUNCTURE ANAESTHESIA

There are four main factors which influence the effectiveness of acupuncture anaesthesia, namely, the selection of acupuncture points, the intensity of acupuncture stimulation, the individual variation and the adaptation of surgeons and patients to t he requirements of acupuncture anaesthesia.

Selection of acupuncture points

In the perfomance of acupuncture anaesthesia, it had been demonstrated that the acupuncture points had not only the porperty of generalization but also the quality of specificity. One kind of surgical operation might choose from several prescriptions of acupuncture points. On the other hand, the same group of acupuncture points could be used in different operative procedures. This was the evidence of generalized analgesic effect of acupuncture points. Their specific analgesic action was manifested mainly in the following two respects.

Firstly, needing some of the acupuncture points could produce better systemic analgesic effect than other points. In the study of the effect of needling acupuncture points in healthy individuals, it was found that of the 17 points tested which belong to 'Yang' meridians, the analgesic effect of Ho-Ku was most satisfactory. Whereas of the 12 points along 'Yin' meridians, Kung-Sun had the best analgesic result.

Secondly, for a specific operation, the analgesic effect of certain unpuncture points might be better than others. For instance, in cranoitomies, the score of grades I and II combined when needling Chuan-Liao for incision of the frontal region was significantly higher than that for incisions of other regions (table 2), and among all cases with frontal incisions, the score

10. Internal fixation of fracture with three-flanged nail (Jui Chin Hospital of Shanghai Second Medical College). Acupuncture points: T'ai-Ch'ung, Ch'i-Hsu, Hsuan-Chung, San-Yin-Chiao, Fu-Yang, Wai-Ch'iu, Fung-Long and Tsu-San-Li on the side to be operat ed; stimulation: electric needling.

4. Total laryngectomy (Eye, Ear, Nose and Throat Hospital of Shanghai First Medical College). Acupuncture points: Ho-Ku and Chih-Kou on the left side in body acupuncture and Lung point, Shen-Men point directed toward sympathetic point Adrenal point directed toward Throat point and Neck point directed toward Asthma-relieving point on both sides in ear acupuncture; stimulation: electric needling.

5. Pulmonary resection (Shanghai First Tuberculosis Hospital). Acupuncture points: Pi-Nao directed toward Chien-Yu on the side to be operated; stimulation: hand manoeuvre.

6. Mitral commissurotomy (Shanghai Thoracic Diseases Hospital). Acupuncture points: Ho-Ku, Nei-Kuan, and Chih-Kou or San-Yang-Lo on the side to be operated; stimulation: electric needling.

7. Open heart surgery under extracorporeal cardio-pulmonary circulation (Third People's Hospital of Shanghai Second Medical College.). Acupuncture points: Lieh-Ch'ueh and Nei-Kuan on both side in body acupuncture, and Neck point, Chest point Lung point and Kidney point on left auricula in ear acupuncture; stimulation: electric needling.

8. Subtotal gastrectomy (Shu-Kuang Hospital of Shanghai College of Traditional Chinese Medicine). Acupuncture points: Tsu-San-Li and Shang-Ch(-Hs(on both sides: stimulation: mechanical manipulator.

9. Abdominal hysterectomy (International Peace Maternity and Child Health Hospital). Acupuncture points: T'ze-Liao on both sides, Yao-Shu and Ming-Men; stimulation: electric needling.

response to traction of viscera required. For example, the use of procaine was not permitted in craniotomy, or else it would be considered as a failure, whereas in thoracic and abdominal operations, infiltration or nerve blocking with small amount of procaine was permitted before some of the surgical steps. From actual practice, we had the impression that for the operations of head and neck, the effectiveness of acupuncture anaesthesia was more uniform and the dosage of adjuvant drugs used was small, while in thoracic and abdominal operations, complicated by such factors like the response to traction of viscera, the effectiveness of acupuncture anaesthesia was less stable and more adjuvant drugs were needed, in this respect, the effectiveness of acupuncture anaesthesia for operations of head and neck seemed to be better than that for thoracic and abdominal operations.

Table 1 shows that the number of acupuncture points currently used in these ten kinds of operations varied from one to ten; either body acupuncture was adopted. The stimulation methods included electric needling, hand maneuver and mechanical manipulator. These acupuncture points and stimulation methods were all deduced from long term experience in various hospitals. They are summarized as followings:

1. Craniotomy (Hua Shan Hospital of Shanghai First Medical College). Acupuncture point: Chuan-Liao on the side to be operated; stimulation: electric needling.
2. Operations for detachment of retina (Shanghai First People's Hospital). Acupuncture points: Ho-Ku and Chih-Kou on the side to be operated; stimulation: hand manoeuvre.
3. Operations of the thyroid (Shanghai First People's Hospital). Acupuncture points: Fu-Tu on both sides; stimulation: electric needling.

peridine and procaine and their respective dosage, the effectiveness of acupuncture anaesthesia was divided into four grades. Grade I denotes excellent anesthetic effect. The patient was calm and generally painless during the operation, only a slight pain was felt during a few of the surgical stemps, and the operation could be carried out smoothly. Blood pressure, pulse rate and respiratory rate were not changed or only mildly changed. The dose of meperidine use d within any two hour period was limited to 1-1.5 mg/kg, and procaine was usually dispensed with. Grade II denotes good anesthetic effect. The patient occasionally groaned lightly for pain during certain surgical steps, yet the operation could be car ried out unruffled. There might be mild changes in blood pressure, pulse rate and respiratory rate. The dose of meperidine used within any two hour period was limited to 1-1.5 mg/kd, and small amount of procaine was used. Grade III denotes moderate a nesthetic effect. The response of the patient was more severe. There was obvious pain sensation during the operation but it could still be accomplished. There might be obvious changes in blood pressure, pulse rare and respiratory rate. The dose of me peridine used within any two hour period was 1.5-2 mg/kg, and moderate amount of procaine was used. Grade IV denote poor anesthetic effect. There were marked pain during the operation, obvious to marked changes in blood pressure, pulse rate and respiratory rate, and it was necessary to shift to drug anaesthesia in order to accomplish the operation. Grade I, II and III were considered as effective. Table 1 shows that the effective rates of acupuncture anaesthesia in these ten kinds of operations were from 80.7% to 96.5%, the scores for grades I and II combined were from 43.7% to 90.5%.

Among the criteria mentioned above, the dosage of adjuvant drugs used varied somewhat according to the characteristics of the operation concerned, namely, the degree of analgesia and of muscle relaxation and the control of the

EFFECTIVENESS OF A CUPUNCTURE ANESTHESIA

Among the 100-odd kinds of operations performed under acupuncture anaesthesia on more than 80,000 cases in Shanghai district, ten kinds of operations with representative value were analyzed (table 1). The data of each kind of operation were limited t o that of one individual hospital up to the end of May, 1973.

Table 1. Results of Acupuncture Anesthesia in Ten Kinds of Operations

Kind of operation	No. of cases	Grade I	Grade II	Grade III	Grade IV	Effective rare %	Rate of grades I & II ombined %
Craniotomy	606	210	216	157	23	96.2	70.3
Operations for detachment of retina	1374	443	569	98	264	80.7	73.6
Operations of the thyroid	670	365	209	65	31	95.4	85.7
Total laryngectomy	121	65	36	11	9	92.6	83.5
Pulmonary resection	656	116	171	346	23	96.5	43.7
Mitral commissurotmy	100	33	41	21	5	95.0	74.0
Open heart surgery under extracorporeal cardio-pulmonary circulation	72	9	47	7	9	87.5	77.8
Subtotal gastrectomy	763	129	343	261	30	96.1	61.9
Abdominal hysterectomy	590	203	236	67	84	87.4	79.9
Internal fixation of fracture with three flanged nail	462	240	178	28	16	96.5	90.5
Total	5414	1813	2046	1061	494		

Based on the subjective feeling of patients, their pain response, the employment or not of adjuvant drugs like me-

the mechanism of acupuncture analgesia is that effect of needling of the acupuncture points is transmitted through the sensory nerves to the spinal cord, and is conducted upward mainly along the lateral funculi of the spinal cord and the nonspecific projecting system. It incites the - unter-pain functions at different levels of the central nervous system, and mobilizes, at the same time, the pain-abating factors in the whole body, transforming pain to painlessness.

When experimenting on rabbits using potassium iontophoretic dolorimetry to determine the pain threshold on the ears, pain thresholds of both the punctured and unpunctured animals of the puncture group were found, in 16 observations, to elevate markedly after 30 minutes of electric needling, with a tendency to decline after removal of the needle. No apparent trend of change was found in 8 observations of the control group. When experimenting with albino rats, using electrically heated wires wound on the tails as pain stimulus and regarding the duration from closure of the electric circuit to flapping of the tails as the pain threshold, the results were similar to that done on rabbis. The increment of pain threshold in the unpunctured rats of the puncture group was found to be highly significant. Humoral factor(s) therefore participated in the effect of acupuncture analgesia.

Discussion

The law of the unity of opposites is the fundamental law of the universe. It operates in all the functions of the living organism as well. Since the organism possesses the function of pain sensibility, an antagonistic counterpart is necessarily present. Modern neurophysiology has in fact revealed that this counter-pain function of the organism is reflected from all levels of the nervous system. The "descending inhibition" of the higher centres on the pain activities of the lower centres, the inhibition produced by stimulation of certain structures of central nervous system on the pain discharges of the thalamic pain sensitive neurons, and the central inhibitory effect exerted by the activities of the larger fibres of the sensory nerve on th at of the smaller pain-conducting fibres, are all manifestation of the counter pain function of the nervous system. The same opposites, as pain-inducing and pain-abating substances, are also present in the body humour, in intimate relationship with the various systems, based on our preliminary neurohumoral studies. One of our hypothesis regarding

recording and stimulating electrodes into the caudate nucleus of rabbits. On electric needling of Ho-Ku and Tsu-San-Li, evoked potentials could be recorded from the caudate nucleus, the centre of the potential changes was found on the dorsal part of the head of caudate. Electrical stimulation of this part of the nucleus could raise the pain threshold, the process of which was rather similar to that produced by electric needling of Ho-Ku. Further experiments also showed that the effect of electric needling of acupuncture points would be augmented by stimulation of the caudate uncleus and reduced by its destruction. These results showed that the afferent impulses of needling could reach the caudate nucleus, and the latter might play a part in the process of acupuncture analgesia. Other animal experiments proved that the area of central tegmental fasciculus and the central gray matter of the midbrain, as well as the reticular formation of the brain stem, might all participate in that process.

Electric needling of Ho-Ku had an inhibitory effect on the evoked potentials of cerebral cortex caused by afferent impulses fromt the dental pulp of rabbits.

Using the nonspecific evoked potentials provoked by peripheral stimuli as a criterion, we observed the effect of acupuncture on the functional state of human cerebral cortex and found marked individual variations in the evoked response and in the amplitude of the potential. In some of the test subjects, acupuncture exerted an inhibition on the nonspecific evoked potentials, a fact which was tentatively considered to be related to the efficacy of acupuncture anaesthesia.

The cariadic and cephalic ends of the carotid arteries of two animals were crossoconnected. Acupuncture was performed in one animal, while pain threshold was measured in the other. The results were compared with that of the control group in which neither of the pair was punctured.

of either the anterior of the posterior limbs, but the inhibitory effect from the posterior limbs was obviously stronger. This tended to suggest that selection of acupuncture points in the same or neigbouring verve segments might provide better analgesic effect.

Neuroanatomical studies have shown that a large amount of unmyelinated fibres from the anterolateral funiculi of the spinal cord terminate in the nucleous parafascicularis and nucleus centralis lateralis of the thalamus. This pathway might be relatd to the conduction of pain sensation. In order to elucidate the role of the integrative action of the thalamus in the process of acupuncture analgesia, potential changes in single nerve cells in the animal thalamus were recorded with microelectrodes and subjected to analysis.

The experiments showed that the electrical responses of neurons in the nucleus parafascicularis and the nucleus centralis lateralis to nocuous stimuli could be inhibited by weak electrical stimulation of a sensory nerve, by electric needling of certain acupuncture points in the lower extremities, or by squeezing of the tendon of Achilles. The inhibitory effect was manifested either as anaesthia interruption of the pain discharges or a reduction of their frequency. The duration of inhibition was determined by the frequency of discharges going on at the moment of stimulation, or in other words, by the excitability of the neuron. The higher the frequency of the spontaneous rhythmic discharges, the shorter was the period of inhibition, and viceversa, suggesting that the efficacy of acupuncture analgesia might be determined to a large extent by the state of brain excitability of the subject.

Apart from being a member of the extrapyramidal motor system, the caudate nucleus also produces nonspecific reaction to various sensory stimuli. Stimulatin of this nucleus influences the activity of afferent sensory impulses. To investigate its action in acupuncture analgesia, we inserted

eases, including severance of the brachial plexus, transverse spinal cord damage, syringomyelia and tabes dorsalis, were selected for study. Needling stimulation coupled with electromyographic recording was performed in the affected body areas, as well as in normal body areas for the purpose of control. Under normal conditions, the electromyographic changes were essentially parallel to the needling sensation of sourness, distension and heaviness. In the areas with disturbances of pain sensation, the needling sensation was markedly diminished or absent, yet electromyographic discharges could still be recorded at the acupuncture points. In the areas with disturbances of proprioceptive sensations (postural sense, vibratory sense, etc.), the intensity of needling sensation was not affected, but the sensation was difficult to sustain; whereas the electromyographic discharges at the acupuncture point s were either unobtainable or markedly reduced in amplitude, disappearing quickly after cessation of needle rotation. It was inferred thereof that the afferent pathways of acupuncture effect were closely related to that of pain and temperature sensations in the spinal cord, while the persistence of the effect was more or less related to the pathways for proporioceptive sensations. It was observed in animal experiments that section of the lateral funiculi of the spinal cord abolished the analgesic effect of acupuncture in great majority of the animals.

Different kinds of afferent impulses derived from skin and musculature undergo. at the posterior horn of the spinal cord, a complicated integrative action, which might influence the production of pain sensation. We have observed that repetitive electrical stimulation of afferent nerves of the spinal card could inhibit the activities of the nerve fibres in dorsolateral funiculi of the lumbar segments of spinal cord which were provoked by nocuous stimuli. The inhibition could be afforded by stimulation of afferent muscular or cutaneous nerves (or by electrical or manual needling of the acupuncture points)

ancient Jing Luo Chinese theory and the modern teaching of physiology and anatomy have something in common. The regulatory effect of acupuncture on the human body functions is the material basis of acupuncture anaesthesia. The Jing Luo is the regulatory system of the body. The cerebrum plays the main role.

Neurophysiological studies:

Related to the mechanism of analgesia got by acupuncture, these are investigations from China which are presented by Shangahi Co-ordinating group for acupuncture anaesthesia. (52)

Dolorimetric experiments performed on human subjects have proved that the sensations of sourness, distension and heaviness induced by needling of the acupuncture points did produce anaesthia analgesic effect. Acute and chronic experimiental modalities for acupuncture analgesia were then successfully prepared in animals. At present in. our country inquiry to its mechanism is in progress from different aspects, including the neuro-humoral theories and the meridian principles. The following is a brief introduction of some of our preliminary studies in the field of neurophysiology.

Results of experiments:

In the experiment of selective nerve blockade, whereby the cutaneous nerves and the deep muscular nerves around the acupuncture points were blocked by procaine separately, we found that the afferent impulses for acupuncture analgesia were transmitted mainly via the deep nerves which innervate the deep fasciae, tendinous sheaths, muscles, periostea, bursae, etc. Further experiments on animals proved that acupuncture was able to excite the different sensory receptors (tension receptors and pressur e receptors) in the deep tissue. Seventy six patients suffering from varying neurological dis-

teeth, tongue, oral cavity and its associated structures, the chest, abdomen, the four limbs, the bones and joints as well as operations in obstetrics, gynacology and pediatrics.

Apart from its general applicability for ordinary cases, acupuncture anaesthesia is also safer than drug anaesthesia when operating on the seriously ill or debilitated aged patients. Post-operative complications are few and the convalescence is relatively rapid as illustrated in Case 2.

Case 2 XXX, a 70 year old male was admitted to hospital with symptoms and signs of septic shock of 3 days duration. He had a temperature of 41oc, was semi-stuporous and blood pressure had to be maintained with hypertensive drugs. Exploratory laparotm y was performed under acupuncture anaesthesia. The gall bladder was removed, the common bile duct was incised and explored and a T shape drainage tube was inserted (30 ml of a 1% procaine solution was used during the operation).The operation proceeded smoothly, there were no post-operative complications and the patient recovered rapidly.

The Nature of Acupuncture Anaesthesia

How it gets that a patient can tolerate an operation under acupuncture. This occurs through the analgesic and regulatory effects of acupuncture. In the Traditional Chinese medicine (TCM) when a normal person is acupunctured he gets what they call the "de chi", being manifested as a sensation of stress (or ching), numbness, heaviness and distention, and the pain threshold is elevated. The regulatory effect of acupuncture on the body functions, was referred in TCM to impulsed transmitted to the brain through what they called the Jing Luo which is no more than the nerves and blood vessels. If you acupuncture a paraplegic in his lower limbs neither analgesia nor regulatory effects occur. The two functions are interconnected and react on each other. Both the

The Chinese, in that time (1974) however recorded three problems with acupuncture anaesthia, these are, incomplete pain abatement, inadequate muscle relaxation and imperfect control of visecral response to manipulations. The state of affairs as regard these problems now is not known to me.

Two cases are presented as anaesthia example to the salient features of acupuncture anaesthia being just lowering the pain sensation to such a degree to withstand operation without pain, beyond being benifited from the regulation effect of acupuncture on the physiolsical functutions so, fortifying the human body to overcome extrinsic trauma and enabling the organs to achieve early recovery. The 2 cases are presented by Pecking co-ordination group for acupuncture anaesthia and are:

Case I XXX, a mailman was admitted to hospital with severe empyema. His physical conditin was extremely weak; cardio-respiratory function was very poor. After several attempts, because general anaesthia produced cardiac failure and local anaesthia could not induce sufficient analgesia operation had to be abandoned. In 1971 thoracoplasty was performed under acupunctrue aneshthesia. Throughout 2.5 hours operation, during which 6 ribs were removed and many pus pockets incised and drained, the pulse and blood pressure were within normal limits and the patient talked and laughed at will; in other words, the operation was a complete success. On the same day post-operatively the patient was able to take his meal; three days later he was able to walk about. Recovery was very satisfactory.

Acupuncture anaesthesia is suitable for surgical operations of any part of the body such as operations of the head, neck, eyes, ears, nose throat and the mouth organs including the

and so, there is marked reduction in such post operative complications as pneumonia, abdominal distention, urine retention etc. It is especially safe for hepatic, renal, cardiro-pulmorany, aged, debilitated, seriously il patients and those in shock or hypersensitive to drugs or with poor tolerance to them.

2. Smooth recovery

Acupuncture anasthesia thraws much less embarassment on the physiolosical functions than drugs and this benifits the patient recovery. He can eat and move early, so assisting the process of recovery. In one hundred cases of mitral com-issurotomy opera ted upon under acupuncture anasthesia the blood pressure remaind quite stable.

Even during intracrdiac mainipulations, there was only tran-sient drop of blood pressure which rose spontoniously in most cases. Under general anasthesia, pressor drugs were usually needed.

3. Patients's co-operation

Both the central and peripheral nervous sysems are not inhibited under acupuncture anasthesia. The patient remains awake in a normal functuional state and can co-operate with the medical team. This enhances the efficacy of the operation. He can swallow freely during total laryngectomy and saliva leak can be early discovered. The eye moves freely during correcting strabismus and the limb functions are preserved during vertabae reoved due to tumour is replaced artificially. The eye or limb function can be examined during operation and the operative results can be assessed and augmented.

4. Simplicity and sheapness.

No complicated anasthesia apparatuses are required. Its cost is low and can be used in rural and in mountainous areas.

Acupuncture Anaesthesia (AA)

Introduction

After many years of repeated studies, the Chinese succeeded in creating their unique acupuncture anaesthasia. Different localities in China developed many new ways of needling such as body needling, ear needling, nose needling, head needling etc. (49)

Acupuncture therapy has been used for several thousands of years in China. The earliest report for acupuncture analgesia was found in a Chinese medical classic Nei Ching written two thousands years ago. On the basis of application of acupuncture anagesia, medical Chinese workers, of various localities tried to induce anasthesia by needling instead of drugs since 1958. It was first applied in minor operations such as tonsillectomy, and through repeated practice, progressed to be used in more than 100 kinds of operations, in more than 600,000 patients with a success rate of 90% and no single case of death through their first 15 years in practising acupuncture anasthesia. It is a safe, effective, simple and economic method of anasthesia. (56) All kinds of operation can be undergone under acupuncture anasthesia. The preliminary survey showed that the results of operations on the head and neck were better than those on the chest and abdomen. (52)

Advantages:

1. Safety

It is free from the accidents caused by drug overdosage, hypersensitivity, or distortion of physological functions due to drug inhibition on the nervous or cardiorespiratory systems,

(LEK) and B-endorphin (B-EP) from the RPGL in the electrical acupuncture (EA) group was significantly higher than in the control group (P. 0 .05). There were positive correlations between the changes of release of LEK, B-EP and the increase of pain threshold. The results mentioned above imply that the RPGL plays an important role in AA. The activation of the RPGL and the endogenous opioid peptides within it produce an advantageous effect on AA. (79)

queductal gray (PAG), inerpeduncular nucleus, substantia nigra, and the dorsal horn of spinal cord (layer I-II and III-IV).
Conclusion: Dro promoted EA's action on the PPE mRNA expression, which underlie the mechanisms of Dro potentiation on acupuncture analgesia. (77)

38. **Aim:** To study if mu receptor participates in the process of potentiation of droperidol (Dro) on acupuncture analgesia (AA). Methods: Autoradiographic technic was used. Ohmefentanyl, a highly selective ligand of mu receptors, was used in radio-recepto r binding assay in sprague-Dawley rat brain sections. Results: The binding sites of (beta-3H, p-benzoyl-3H) ohmefentanyl were increased greatly in many nuclei of rat brain after AA, and were further increased when AA was enhanced by Dro. Higherincre ase was seen in caudate nucleus, accumbens, periaqueductal gray (PAG), interpeduncular nucleus, amygdala (p vs rats treated with electro acupuncture alone); moderate increase was noted in thalamus, lateral area of hypothalamus, spinal dorsal horn (p0.01 or 0.05); slight increase appeared in septum, preoptic area, hippocampus, substantia nigra (p). Conclusion: Mu opioid receptors mediated the Dro-induced enhancement of AA. (78)

39. The present study was to investigate the role of the RPGL and its endogenous opioid peptides in acupuncture analgesia (AA) using technicques of brain stimulation and lesion, microinjection, push-pull perfusion and radioimmunoassay (RIA). The results showed that electrical stimulation of the RPGL could increase the pain threshold and enhance the effect of AA, whereas lesion of the RPGL reduces the effect of AA. Microinjection of naloxone (5 micrograms/0.5 ul/2min) into the RPGL could partially re verse the effect of AA and the reversal effect of naloxone was dose-dependent. The release of leu-enkephalin

as compared with that before acupuncture (p=0.03). The Hrecovery curve of the paretic limbs after acupuncture also approximated that of the normal controls. Conclusions: This result provides positive evidence of increased spinal motor neuron excitability in paretic limbs of stroke patients and also of the acupuncture effect which decreased that excitability. The study also presents a simple and practical technique for measuring the effects of various types of treatments, including acupuncture, on other types of central nervous system disorders.(74)

36. This essay suggests the indications and relative contraindications in the emergency treatment and cure by acupuncture and moxibustion based on an analysis of the characteristics and principles of treatment in emergency cases and the many-sided regulating effects of acupuncture and moxibustion. It also introduces, case by case, methods of acupuncture and moxibustion treatment in 22 frequently encountered emergency situations, and stresses the fact that emergency treatment with acupuncture and mox ibustion must be based on the various new achievement and experience and strictly observe rules of operation. It states that only by doing so can the therapeutic effect be enhanced and adverse reactions prevented. (76)

37. **Aim:** To study the expression of preproenkephalin (PPE) mRNA following electroacupuncture (EA) combined with droperidol (Dro), an antagonist of dopamine receptors. Method: The brains of Sprague-Dawley rats were sectioned after combination of EA with Dro and non-radioactive in situ hybridization histochemistry (ISH) technic was used. Results: Ten hours after EA, the expression of PEP mRNA was enhanced; when EA. was combined with Dro, pain-modulation-related nuclei, such as caudate-putamen, accumben s, septal nucleus, diagonal band nucleus, amygdala, hypothalamus, peria-

tion was blocked by different kinds of treatment in different degrees. The order of the ratio was as follows: Tianrong acupoint therapy (1.0917 +/– 0.0266) and Tianrong electrical needle therapy (1.1281 +/– o.0227) Tianrong acupoint injection with normal saline (1.325 +/– o.0444) Quchi acupoint (LI 11) injection with prednisolonum (1.5284 +/– 1.1624). The results indicated that Tianrong acupoint therapy could inhibit the neurongenic inflammation on the affected side. (73)

35. Background: Spasticity is a common symptom in stroke patients, and its management constitutes a major problem in their rehabilitation.

    Acupuncture has been applied with moderate effect; their has been clinical experience but little objective evidence to support its use. H-reflex recovery time and H recovery curve were quantitative methods applied to measure spinal motor neuron excit ability. Acupuncture for stroke patients as treatment to spastic hemiparesis was studied to see the acupuncture effect on increased spinal motor neuron excitability in spasticity. Methods: Sixteen stroke patients with spastic hemiparesis were collected to evaluated the therapeutic effect of acupuncture on their spinal motor neuron excitability. H-reflex recovery time and H recovery curve were applied as quantitative evaluations of spinal motor neuron excitability. Eleven age-matched normal volunteers were used as a control group. Result: The mean H-reflex recovery time of normal controls was 73.3 +/– 18.3 mesc; that of the sound-side limbs of stroke patients was 67.1 +/– 21.5 msec. The difference was not significant statistically (p=0.2). However, the mean H-reflex recovery time of the paretic limbs of stroke patients was 52.3 +/– 16.8 msec, significantly shorter than for their normal controls (p=0.003). The mean H-reflex recovery time of the paretic limbs of stroke patients became 57. 6 +/– 19.9 msec after acupuncture, significantly prolonged

tories and studies to illustrate the benefits of a holistic approach.(67)

32. The brain magnetic fields evoked by acupuncturing LI-4 (Hegu) were measured by using SQUID (superconductive Quantum Interference Device) Biomagnetometer, and the morphological characters of these biomagnetic fields were examined in 12 subjects. The observed phenomenon of the LI-4 (Hegu)'s projection area overlapping on the jaw's and face's projection area suggests that excitation of LI-4 (Hegu)'s projection area activated by acupuncturing LI-4 (Hegu) could inhibit action of the jaw's and face's projection through the overlapping area, and this is the reason why the acupuncturing LI-4 (Hegu) could effectively case pains in the treatment of dental pain. (71)

33. Acupuncture is based on the theories of traditional Chinese medicine have little in common with the western models of anatomy or the processes of health and disease. However, it appears that in many cases acupuncture is clinically effective (greater than placebo). Many women look to alternative therapies during pregnacy and childbirth. Acupuncture is safe, cheap and works clinically. Acupuncure is therefore a valuable holistic skill to add to the midwife's repertoire. Both research and a system of training are required if acupuncture is to play its full part in midwifery care. (72)

34. Although Tianrong acupoint (SI 17) is used for migraine headache, its mechanism of action remains obscure. The effects of Tianrong acupoint therapy on neurogencally-mediated plasma protein extravasation (125I-BSA) in rat dura mater induced by electrical stimulation of the right trigeminal ganglion was studied. When the unilateral trigeminal ganglion was stimulated (5 Hz, 1.2 mA, 5 msec for 5 min), the ratio of stimulated side/unstimulated side (cpm/mg) was 1.6663 +/– 0.0217. The plasma extravasa

most strongly influenced by the ineffectiveness of orthodox medicine for their complaints, a fact which was largely accounted for by the chronicity of their complaints. Results are discussed in terms of the limited research in this area. Future studies should separate the reasons for beginning complementary treatment from the reasons for continuing it. It is possible, for instance, that the failure of orthodox medicine is the strongest motive for seeking complementary treatment but that, once treatment has been experienced, other more positive factors become more important. (62)

30. Many studies of acupuncture treatment are seriously flawed by methodological problems. Poor design, inadequate measures and statistical analysis, lack of follow-up data and sub-standard treatment are all too common. However, the major problem, which many investigators consider to be still unresolved, is the definition of an appropriate placebo control. The use of inappropriate placebo controls has bedeviled acupuncture research and led to serious misinterpretation of the results of clinical trials. While a number of different solutions have been proposed there is, as yet, no agreed way of assessing the adequacy of control conditions or of deciding which placebo to use in a particular trial. We propose that assessing the credibility of treat ments and control conditions may provide a way forward to a more rigorous, consensus approach. (63)

31. When the author completed medical school in 1981, the importance of psychoneuroimmunology, treating patients as a 'whole person', and experiencing meditation as a form of stress management, were not covered in the medical curriculum as they are now. This article gives a brief overview of these topics and presents several case his-

showed consistent results across different investigations, different groups of patients, and different forms of acupuncture point stimulation.

Except when administered under anasthesia, P6 acupuncture point stimulation seems to be an effective antiemetic technique. Researchers are faced with a choice between deciding that acupuncture does have specific effects, and changing from 'Does acupuncture work?' to a set of more practical questions; or deciding that the evidence on P6 antiemesis does not provide sufficient proof, and specifying what would constitute acceptable evidence. (61)

29. Over 250 patients from three complementary medicine practices-acupuncture, osteopathy and homoeopathy-completed a questionnaire rating 20 potential reasons for seeking complementary treatment. The reasons that were most strongly endorsed were "because I value the emphasis on treating the whole person'; "because I believe complementary therapy will be more effective for my problem than orthodox medicine'; "because I believe that complementary medicine will enable me to take a more active part in maintaining my health'; and "because orthodox treatment was not effective for my particular problem'. Five factors were identified, in order of importance: a positive valuation of complementary treatment, the inffectiveness of orthodox treatment for their complaint, concern about the adverse effect of orthodox medicine, concerns about communication with doctors and, of less importance, the availability of complementary medicine. Groups were compared, using analysis of covariance to control for demographic differences between the three patient groups. Osteopathy patients' reasons indicated they were least concerned about the side effects of orthodox medicine and most influenced by the availability of osteopathy for their complaints. Homoeopathy patients were

27. Prerequisite to conservative therapy for shoulder pain is the diagnosis. Along with the topical diagnosis (omarthralgia) the structure analysis aims to identify the site and manner of disturbed structure.

    Destroyed structures are, in most cases, an indication for anatomical reconstruction, and disturbed structures are indication for conservative methods. Hereby acute symptoms required pain stimulus pacification and chronic symptoms target-specific irritant application. With disorders of the muscles their insertions and the gliding tissue, and in addition to physical methods such as thermotherapy and electrotherapy, the so-called needle treatments (local anaesthesia, combined with corticoids, needling, and acupuncture) are to be mentioned. Manual therapeutic methods will also be discussed. With disturbances of the joint function use of intra-articular injection is to be considered, with movement restriction the mobilisation techniques of chirotherapy. Physiotherapy exercises are of particular importance here. (59)

28. The effects of acupuncture on health are generally hard to assess. Stimulation of the P6 acupuncture point is used to obtain an antiemetic effect and this provides and excellent model to study the efficacy of acupuncture. Thirty-three controlled trials have been published worldwide in which the P6 acupuncture point was stimulated for treatment of nausea and/or vomiting associated with chemotherapy, pregnancy, or surgery. P6 acupuncture was equal or inferior to control in all four trial in which it was administered under anasthesia; in 27 of the remaining 29 trials acupuncture was statistically superior. A second analysis was restricted to 12 high-quality randomized placebo-controlled trials in which P6 acupuncture point stimulation was not administered under anasthesia. Eleven of these trials, involving nearly 2000 patients, showed an effect of P6. The reviewed papers

the findings from recent studies and the implications they have for the management of pain. (55)

25. When the functional limits of the muscles related to the temporo-mandibular joint and adjacent tissue exceed their anatomical capability, pain, crepitation, and functional abnormality appear as the main complaints. Although the precise nature of the condition is unknown, pain assumed to be due to compression of the myoneural mechanism It is reproted that occlusal lifting using a splint enables the alleviation of this muscular tension. On the other hand, there are only a few reports on the useful ness of SSP therapy for Temporo-Mandibular Joint Dysfunction. We studied the efficacy of SSP therapy combined with splint therapy in 33 patients diagnosed as having Temporo-Mandibular Joint Dysfunction who consulted our department primarily due to pain, and report our findings below. Evaluation of the results was conducted 2 weeks later. Very beneficial results were seen in 6 cases.
Beneficial results were seen in 7 cases. Slightly benfiicial results were seen in 18 cases, while there were no changes found in 2 cases. When combined SSP and splint therapies were conducted for Temporo-Mandibular Joint Dysfunction, favorable result s were seen in about 90% of the cases. (56).

26. 128 children of mental retardation were diagnosed in accordance with the diagnostic standards proposed by WHO in 1985. The patients were treated compositely with acupuncture, auriculo-acupoint pellet pressure and herbal plasters on acupoints, bringing about improved mental developments in intelligence quotient (IQ) and social adaptation behavior (SAB), as evidenced by recognized intelligence tests for children. (58)

circulation and enhanced drug uptake. If the drug-uptake enhancement was still not sufficient for the drug to reach therapeutic levels in the diseased organ, direct applica tion of (+) Qi Gong from the practitioner's hand often enhanced the drug uptake more significantly. However, this direct method often results in the practitioner developing intestinal micro-hemorrhage within 24 hours which may or may not be noticed a s mild intestinal discomfort with soft, slightly tarry stool. For intensifying (+) Qi Gong energy one of the most efficient shapes is a cone with increased intensification occurring at an optimal height. However when the total mass and the total dist ance from base to peak is increased beyond an optimal limit, the power decreases. Clinical application on the heart representation area of the middle finger on the hands markedly improved circulation in the corresponding organ, and increased drug uptake and acetylcholine even more effectively than some of the previously used drug enhancement methods (Shiatsu massage of the organ representation areas and/or application of (+) Qi Gong energy stored paper to the occipital area above the cardiovacscular representation area of the medulla oblongata). (ABSTRACT TRUNCATED AT 400 WORDS). (48)

24. Recent findings have further helped to elucidate the mechanisms involved in the transmission and modulation of pain. It is now known that pain, inflammation and nervous system damage results in a number of changes in peripheral nerves, spinal cord and supraspinal structures. These changes themselves may be responsible for the development and maintenance of chronic pain syndromes. 2. In response to these findings, new agents and techniques have been applied in the clinical setting and new approaches have been developed to use existing agents more effectively. This review presents some of

specific sites may be too active for use as controls: helix region may be more suitable. (43)

22. I have long been fascinated by the antiquity and mystique of line, but try as I might, I could find virtually nothing in print, nor trace anybody in Britain who professed to know much about dental treatment in modern China. I decided, therefore, to visit China and find out myself exactly what dentists do in the Peoples' Republic of China, and satisfy my professional curiousity about how their work might relate to traditional medical practices. (44)

23. Various methods of improving circulation and enhancing drug uptake which were used in treating some intractable medical problems caused by infections, and two syndromes based on the co-existence of Chlamydia trachomatis infection (mixed with either Lyme Borrelia burgdorferi or Cytomegalovirus) with increased uric acid are described. The principal author' previous studies have indicated that there are two opposite types of Qi Gong energy, positive (+) and and negative (–). Positive (+) Qi Gong energy has been used clinically to enhance circulation and drug uptake in diseased areas where there is a micro-circulatory disturbance and drug uptake is markedly diminished. (–) Qi Gong energy has completely the opposite effect and therefore has not been used although there may be some as yet undiscovered application. Since the late 1980's the principal author has succeeded in storing (+) Qi Gong energy on a variety of substances including small sheets of paper, and recently has been able to intensify this energy by concentrating it as it passes through a cone-shaped, tapered glass or plastic object placed directly on the (+) Qi Gong energy stored paper. Application of (+) Qi Gong energy stored paper on the cardio-vascular representation area of the medulla oblongata at the occipital area of the skull often improved

20. To study the changes of preproenkephalin (PPE) MRNA in rat brain in response to electroacupuncture (EA) combined with fenfluramine (Fen) a releaser of 5-HT. Methods: In situ hypbridization histochemistry technique was used to observe the expression o f PPE MRNA in rat brain during EA analgesia potentiated by Fen. Results: The greatest relative increase of PPE MRNA was been in lumbar spinal cord (laminae I & II) < nucleus raphe magnus, dorsal raphe nucleus, periaqueductal gray, interpeduncular nucleus, preoptic lateral area, amygdala nucleus and caudate-putamen ($P< 0.01$, vs NS = EA). Moderate increases were found in lateral septal, preoptic medial area, hypothalamus ventromedial nucleus, lumbar spinal laminae II & IV ($P< 0.05$,vs NS = EA). Thalamus showed no statistical significant change in PPE MRNA. The conclusion: the enhancin g of PPE NRNA in relative brain nuclei is involved in potentiating action of Fen on FA. (36)

21. In order to identify an appropriate needle puncture control for clinical trials of acupuncture we conducted a study in which ten cocaine dependent subjects rated local and systemic effects of four auricular needle puncture configurations (a) sites commonly used for addiction; (b) sites proximate to addiction specific sites; (c) sites not specific for cocaine addiction; and (d) sites in the helix. Subjects received one treatment per day on four successive days. The addiction specific sites were rated highest on local effects; proximal sites a common control were rated highest on systemic effects. A majority of patients ranked the addiction specific sites as the most preferred treatment and the helix points as the least preferred. Results: suggest that needle insertion into proximate and non-

placebo acupuncture group (n=8). The length of time for reaching moderate pain and pain intensity after oral surgery were recorded by standard patient self-report. The results indicated that subjects treated with acupuncture reported longer pain-free duration times (mean, 181 ver sus 71 minutes; p < or = 0.046) and experienced less pain intensity than those who received placebo acupuncture. This study provides a model for an acupuncture control that could examine the placebo effect in clinical acupuncture research. (32)

18. Effects of acupuncture on experimental hyperbilirubinemia and cholangitis were studied in male rats (n=33). The experimental group were treated with acupuncture, 18, 12 and 6 hr prior to and 6, 12 and 18 hr after oral administration of alpha-napthyli sothiocyanate (ANIT, 100 mg per kg). Rats were sacrificed 48 hours after challenge. Serum and liver samples were taken for biochemical and histological analysis, respectively. Results of this study revealed that rats treated with ANTI exhibited elevations in bilirubin, SGOT and SGPT as well as cholangitis. In rats receiving acupuncture and ANTI, biochemical and morphological parameters of liver injury were significantly reduced. Acupuncture therapy may be able to prevent ANTI-induced hyperbiliru binemia and cholangitis. (34)

19. During our 4-year work in the Republic of Yemen, The authors used acupuncture therapy to restore consciousness and induce resuscitation plus scalp acupuncture in 80 cases of acute apoplexy, with 63 cases cured, accounting for 78.75%. This therapy is obviously superior to the traditional principle of point selection in acupuncture used in 25 cases as to curative effect, treatment course and other aspects. There is an obvious statistical difference (pC0.005). (35)

and amplitudes of N12 and P22 in the control group were compared with the corresponding baseline value in the study group and after electro-acupuncture therapy at three stages during a 10-treatment cycle. On these occasions the intensity of pain was recorded using a 100 mm visual analogue scale score. Each patient in the study group had 10 treatments given on alternate days. The absolute peak latency of N19 was significantly delayed (p 0.05) in chronic pain patients when compared to the control group. This increase in latency of N19 persisted after the first electro-acupunctur e treatment ($p < 0.05$), tended to revert to normal after the fifth treatment ($p > 0.05$) and reverted completely to control values after the ($p < 0.05$) after the fifth and 10th electro-acupuncture sessions. These observations suggest that there is an interaction of the neural mechanisms of electro-acupuncture with the thalamic generator of somatosensory evoked potentials i.e. N19. (30)

16. A 29-yr.-old man with several years of back pain was referred for a bone scan. High-resolution regional spot images of the skeleton were obtained following intravenous injection of 20 mCi 99 mTc methylene diphosphonate. Posterior and lateral images o f the skull showed focal increased uptake in several regions of the skull. Upon questioning, the patient stated that he had received acupuncture treatment for his back pain several times in the same regions as the increased uptake. The needle placement was confirmed by the patient's acupuncturist. Acupuncture can cause enhanced bone metabolism demonstrated by increased activity on bone scans. (31)

17. One of the challenges of acupuncture research is designing appropriate control group. To address this problem after surgical third molar extractions 19 patients were randomly assigned to an acupuncture group (n=11) or a

13. The purpose of this study was to examine the effectiveness of P6 acupressure on nausea associated with visuallyinduced motion sickness. METHOD: there were 65 subjects randomly divided into 4 groups: P6 acupressure, dummy-point acupressure, sham P6 a cupressure, and control. Each subject sat in an otokinetic drum for a 12-min baseline and 12-min drum rotation period. Subjects, electrogastrograms (EGG's) and subjective symptoms of motion sickness were obtained. RESULTS: the results indicated that the subjects in the P6 acupressure group reported significantly less nausea [$F(3.60) = 8.16$, $P < 0.0001$] during drum rotation period than those in the dummy-point acupressure, sham acupressure, and control groups. The scores for symptoms of motion sickness of the P6 acupressure group were significantly lower than those in the sham acupressure and control groups [$F(3.60) = 3.49$, P]. Also the subjects in the P6 acupressure group showed significantly less abnormal gastric myoelectric activity, tachyarrhythmia than those in the sham acupressure and control group.

    CONCLUSION: we conclude that P6 acupressure reduces the severity of symptoms of visually-induced motion sickness and gastric tachyarrhythmia (28).

14. Acute transverse myelopathy (ATM) due to acupuncture therapy is a rare neurologic condition. Diagnostic criteria for ATM consisted of acute onset of symmetrical motor, sensory dysfunction and may be associated with sphincter dysfunction with respect to the level of the spinal cord injury. In this report, the mechanism of occurrence of meylopathy and progressive symptoms which appeared after acupuncture therapy is discussed (29).

15. Somatosensory evoked potentials were recorded in 20 healthy 20 patients with chronic pain udergoing electroacupuncture therapy. The values of absolute peak latency

control group; 2) nerve injuries should be treated as early as possible; 3) the radial nerve and the common peroneal nerve recovered faster than others; 4) cases not surgically explored recovered faster than those that were, and 5) patients with prompt propagation of the needling sensation recovered significantly faster than those with slow (24).

12. This paper examines three 'innovations in acumoxa' (zhenjiu) that were promulgated by the chinese government during the Maoist periods of the great leap forward (1958-61) and the Cultureal Revolution (1966-76): acupuncture analgesia (zhenjiu mazui), scalp acupuncture (touzhen) and ear acupunture (erzhen). They all bear features of chinese and western medical practice, a characteristic which has been exploited in chinese politics of health. On the one hand, the innovations have been promoted for the nationalistic reason in virtue of their being inherently chinese. On the other modernity and progressiveness. In the late eighties, all still enjoyed official backing. Although they were no longer exclusively practiced in government hospitals, they still stood for what they had originally been promulgated. Acupuncture analgesia, while no more practiced in the clinic, is still the prototype of a Chinese scientific therapy, now subject to biomedical research in laboratories. Scalp acupuncture, which never became widely known as a modern Chinese-western innovation, is still being practiced exclusively by skilled doctors. Ear acupuncture is now practiced also outside government institutions, for the same reasons of being easily applied, eas ily learnt and extremely economical as it had originally been promulgated. Paradoxically, ear acupuncture, the most popular of the three, was 'discovered' outside China, by a French doctor, and is founded on the principles of reflexolgy, a therapy th at the biomedical establishment does not consider scientific. (26)

10. The pain in 286 cases of bone metastasis of cancer was treated with an analgesic decoction of herbal drugs in combination with the acupoints therapeutic apparatus that generated low frequency electric impulses into the acupoints. This series of patients comprised 104 cases of medium pain and 182 cases of severe pain, which was practically or completely relieved in 17 or 29 minutes respectively after the treatment; the total effective rate was 74.2% for 212 cases, and the duration of analgesic effect lasted 2.7 hours to 5.2 hours, averaging 3.6 hours. The cases that needed considerable dosages of analgesic tablets or sedatives markedly reduced their requests of such drugs.

    Determination of bone marrow stem cells indicated that the herbal treatment produced effects of promoting and protecting the stem cells. The rate of lymphocyte transformation was 45-76% before the treatment and rose to 57-96% after the treatment, dem onstrating an increase of 15.2%, which was statistically significant (P). The analgesic effect of the decoction was not correlated to the age and sex of the patients or the variety of cancer, except that it was not effective for uterine carcinoma. The main side effects included nausea, vomiting, somnolence, and numbness of the tongue (23).

11. cases of peripheral nerve injury were treated by electric acupuncture and compared with 54 control cases treated with supportive medication. The changes after treatment were observed chiefly by electromyography while sensory and motor improvement were also recorded as auxiliary indicators. The therapeutic results in the acupuncture group were 5 cases cured. 26 markedly effective, 19 improved, and 4 cases failed, a total effective rate of 92.6% in contrast to the 55.6% for the controls. Analysis of the therapeutic results showed that 1) those in the acupuncture group were significantly better than in the

acupuncture for a wide variety of problems needs to be determined. However, the low subject numbers involved suggest caution in concluding acupuncture is not a successful intervention for stuttering. Perhaps alternative acupuncture points need to be evaluated and a wider variety of persons who stutter need to be involved in any future research.(14)

8. Acupuncture abstinence includes mainly abstaining from smoking, drinking and drug using by means of acupuncture therapy. In this paper, the curative effect, the stimulation methods, the therapeutic course, the psychological, demography and other factors on the therapeutic effect, and the progress in acupuncture abstinence are briefly introduced, and its development tendency is prospected. It is found that the therapeutic effects of acupuncture abstinence are not lower than those of other abstine nce therapies. It is simple and easy to be performed, with little pain, little injury and little side-effects, inhibiting withdrawal syndrome, thus well accepted by the patients. It could be used if other withdrawal therapies show no apparent therapeutic effects. (15)

9. The effect of acupuncture on immunoglobulins in patients with asthma and rheumatoid arthritis were studied. After acupuncture, in 20 patients with asthma, IgG increased ($P < 0.01$), IgM and IgE decreased (both $P < 0.01$), while IgA did not change markedly ($P > 0.05$); in 12 patients with 0.05, and 0.01 respectively), while IgE did not change evidently. The results observed in these 32 patients indicate that acupuncture exerts modulation action on immunoglobulins of the human body, and that patients with asthma and rheumatoid arthritis responded effectively to acupuncture therapy, the latter might be related to the reinforcement of the immunological function by acupuncture(18).

requirements, but their lack of anticonvulsant and anti-delirium effect can be a disadvantage. Beta-blockers are more effective than alpha-2 agonists. Non-sedative anti-convulsants are of questionable value. Acupuncture and neuro-electric therapy, though often popular with patients and therapists, appear to be no more than impressive placebos in this context. Non-specific treatment effects can be very prominent in withdrawal. Support, information, reassurance and good nursing can reduce the need for specific pharmacological or psychological intervention-s.(8)

7. It is important that researchers investigate alternative strategies for treating stuttering, as contemporary treatments are not entirely successful in reducing stuttering with all people. Furthermore, many who have been "successfully" treated suffer from high relapse rates in the long term. Acupuncture has been shown to be a promising treatment for several diverse disorders, so a pilot investigation into its effctiveness for stuttering was considered worthwhile. This study investigated traditional acupuncture-based treatments for two adult males who had stuttered since childhood. A single-case experimental ABAB mutiple baseline design was employed to test for treatment effectiveness. Subjects were followed up for a further 12 weeks to evaluate maintenace (C phase) of possible impovements.

   No significant ABAB reversal effects were observed, and stuttering frequency through the treatment phases remained at baseline levels for the two subjects. Speech rate also remained at baseline levels throughout the treatment phases, as did naturalness of speech and anxiety levels. This research is important as claims that acupuncture may successfully reduce stuttering need to be tested, and the scope and usefulness of treatments like

cise tolerance was significantly correlated to an improvement in delta PRP (correlation coefficient = 0.7; $p < 0.0001$) but not to time of myocardial ischemia (correlation coefficient = 0.1; $p = 0.1$). Compared with 28 patients with a less pronounced effect had a significant increase in local skin temperature, but had no significant change in distant skin temperature and pain thresholds. It is concluded that acupuncture, due to hemodynamic alterations, might have a specific effect on angina pectoris in addition to drug treatments.(6)

5. We conducted a single-blind sturdy on acupuncture for cocaine dependence in methadone-maintained patients (N=40) for the purpose of identifying an appropriate needle puncture control for use in future large-scale clinical trials. Patients were randomly assigned to receive daily acupuncture in three auricular sites plus one body site (LI-4), or in control sites within 2-3 mm of the four active sites. Overall, there was a positive (cocaine use decreased significantly for patients in both needle puncture groups. The only statistically significant difference between the two types of puncture was on ratings of craving. Subjects rated each type of needle puncture as equally credible and perceived no significant differences on the acute effects of the two types of needles insertions. Power calculations based on these findings suggest that very large sample sizes would be required to detect treatment differences between this control condition and active acupuncture. Alternative controls are suggested, and the challenges inherent in implementing controlled clinical trials of acupuncture are discussed.(7)

6. Drugs which reduce autonomic overactivity but have no sedative eddfects can be useful in alcohol withdrawal, either as the sole pharmacological intervention or in conjunction with sedative drugs. They may reduce sedative

in serum cortisol and a decrease in neuropeptide Y, which was somewhat more accentuated in those receiving deep acupuncture. This rise in cortisol may have contributed to decreased dermal treatment results observed are partly due to weakening of the conditioned response, linking bodily symptoms to environmental agents. To date, a number of different methods have been tried in the management of patients with environmental illness. However, only rarely have the treatments been evaluated in controlled studies.(3)

3. Twenty-six patients (19 women, 7 men) who suffered from migraine according to IHS criteria, underwent acupuncture. In order to evaluate the long-term stability of treatment effects, patients documented frequency, duration, and intensity of attacks as well as analgesic intake in a migraine diary, which was kept for 5-week periods before treatment, immediately after treatment, and 3 years later. Data showed improvement greater than 33% for 18 patients (69%) at posttreatment and 15 patients (58%) at 3-year follow-up. Drug intake was reduced to 50% and did not re-increase until follow-up. Treatment outcome was associated with personality traits, but not depending on demographic data or severity of migraine.(5)

4. We studied the effect of acupuncture in 49 patients with angina focus on its relationship to psycho-social factors and changes in skin temperature, pain thresholds, and pain tolerance thresholds. No significant influence from patient expectation, social stress (strain) or profiles of the Minnesota Multiphasic personality Inventory (MPPI) was found (all p 0.1). Acupuncture slightly increased exercise tolerance (median 7%), maximal exercise (delta PRP) (median 3%), and the time to onset of pain (median 10%); decreased nitroglycerin consumption median 58%) and anginal attack rate (median 38%). Improvement in exer-

are also physiologically activated by strong muscle contractions and the effects on certain organ functions are similar to those obtained by protracted exercise. Both exercise and acupuncture produce rhythmic discharges in nerve fibres, and cause the release of endogenous opioids and oxytocin essential to the induction of functional changes in different organ systems. Beta-endorphin levels, important in pain control as well as in the regulation of blood pressure and body temperature, have be en observed to rise in the brain tissue of animals after both acupuncture and strong exercise. Experimental and clinical evidence suggest that acupuncture may affect the sympathetic system via mechanisms at the hypothalamic and brainstem levels, and that the hypothalamic beta-endorphinergic system has inhibitory effects on the vasomotorcenter, "VMC". Post-stimulatory sympathetic inhibition which proceeds to a maximum after a few hours and can be sustained for more than 12 hours, has been demonst rated in both man and animals. Experimental and clinical studies suggest that afferent input in somatic nerve fibres has a significant effect on autonomic functions. Hypothetically, the physiological counterpart lies in physical exercise, and the effect can be artificially reproduced via various types of electrical or manual stimulation of certain nerve fibres.(2)

2. Twenty patients with symptoms of "environmental illness" were subject to a controlled study of deep versus superficial acupuncture. The patients were evaluated by a detailed questionnaire concerning their occupational, environmental, and medical hist ory. Blood samples were taken as well. Patients were randomized to deep or superficial acupuncture. Both groups improved significantly in key variables during and after treatment. There were no group differences. There were no changes in biological variables apart from a gradual and continuous increase

Readings in recent issues

Some of the recent studies published in English through 1995 and 1996 are selected here just to give an idea about acupuncture therapy scopes and researches.

There is wide spread attention and expanding fields and knowledge.

The abstracts presented here are serially arranged according to their references in English that follow in this work, and the number at the end of each abstract indicates its reference.

1. Acupuncture is part of the traditional Chinese medicine, a system with an empirical basis which has been used in the treatment and prevention of disease for centuries. A lack of scientific studies to prove or disprove its claimed effects led to rejection by many of the western scientific community.

   Now that the mechanisms can be partly explained in terms of endogenous pain inhibitory systems, the integration of acupuncture with conventional medicine may be possible. Its use for pain relief has been supported by clinical trials and this has facilitated its acceptance in pain clinics in most countries.

   Acupuncture effects must devolve from physiological and/or psychological mechanisms with biological foundations, and needle stimulation could represent the artificial activation of systems obtained by natural biological effects in functional situations. Acupuncture and some other forms of sensory stimulation elicit similar effects in man and other mammals, suggesting that they bring about fundamental physiological changes. Acupuncture excites receptors or nerve fibres in the stimulated tissue wh ich

left hand and extract by the right. Maintain the pressure at the site of needling for a while to prevent haematoma.

Ask the patient at the end of the setting, if he is quite well allow to leave.

Safety is as required as effectiveness.

The patient must know if he will have to take drugs or other therapies as physiotherapy with acupuncture according to his condition for he may altogether stop all other lines previous to Ac. therapy and some of them may be necessarily combined and co ntinued.

and aquainted with place and doctor.Choose the necessary no. of suitable sized needles which are usually placed in a kidney shaped basin with cotton pieces lightly rinsed with alcohol. Hold the needle from its handle using your right hand, rinse its body many times with an alcoholzed piece of cotton in your left hand.

Localize the point to be first needled.

With the cotton piece which is lightly rinsed with alcohol paint the area including the point, (heavy alcohol at the site of puncture makes needling.painful). Stretch the skin at the point to be needled using your left thumb and index.The needle is held from its body using the thumb and index of the right hand and leaving the proximal 3/4 -1 cm. length of the body next to its tip free. By a swifty movement insert the needle just inside the skin and S.c. tissue (slow insertion is painful while ra pid is never painful). Wait for a while to avoid muscle spasm. Relaxation renders further manipulation easy and safe. After insertion take care of two points first, search for the Datchi sensation felt by both the patient by numbness, soreness, heavi ness and or distention and ask for its direction and ascertain that with that required for the case treated and by the doctor feeling the gripping of the needle i.e. it is no more loose and not so easily withdrawn. Secondly begin the stimulation by manipulating the needle and give the required strength for the case.

If strong stimulation is required gradually increase the strength. Repeat the same technique with all the points.

If you are going to leave the needles in site ask the patient to relax and not to move. Check the patient condition for fear of needling shock.

When extracting the needle press the skin beside the site of insertion by a piece of alcoholized cotton piece using the

Handling a case

A well trained doctor who knows the basic facts in A&M, if assimilating the subject very precisely and deeply, can surely do much for the benfit of many patients.

1 – Fully examine the patient clinically taking a good history and decide very definetely and clearly whether the case is suitable for Ac. therapy or not. If not suitable never follow the strong desire of the patient who is usually eager to try Ac. thera py after having lost hope with other lines of treatment e.g. traumatic paraplegia with incontinence to urine and other similar cases which will never benefit from Ac. therapy must be strongly refused from the begining. Suitable cases are given full idea about the prognosis and duration of therapy. Some patients come thinking that one neelde will cure him while in fact he may be needled in a number of points for a variable duration at suitable intervals and the patient must be fully aware of all that. Allay the patient fears and anxiety of needling and fulfill the required requisites for successful and safe needling. One may begin with very mild needling even once in the first sitting just to get him acquainted with needling and its sensation. The patient must be instructed very well that he will feel a cetain sensation (the Datchi) and is simplified to him. He must know its direction and its role in evaluating the expected success of needling.

2 – The doctor must decide for himself the required course for the case and must have a full sheet for every case including the history, diagnosis, the settings given, the points stimulated, the strength of stimulation, the progress of the case with trea tment all with dates. Deciding on starting needling ask the patient to relax lying down to get calm

The distance between the medial borders of scapulae = 6 Ts. Between the 2 scapulae 3 Ts. When we measure we ask the patient to relax.

For the lower limbs:

From the upper boarder of the symphysis pubis to the lower end of the patella - 18 Ts.

From the lower end of the patella to the uppermost part of the lateral malleoulus = 16 Ts.

and are so called new points to differentiate them from the classical points e.g. a new point 2 body inches above the classical point 183 is used for dropped foot.

How to locate a point:

Correct location of the points is essential for effective therapy although in clinical practice the technique of acupuncture itself locate the point.

The unit of measure in classical Chinese medicine is the body inch (Tsun) which is as follows: Fully flex the middle finger, the distance between the most peripheral parts of the flexor interdigital crease equals one body inch (or Tsun).

One Tsun = 10 Fens. Every body has its own body inch. From the crease of elbow to the crease of the wrist = 12 body inch no matter the patient is an adult or a newly born. It is a very scientific measure.

From the anterior line of hairs to the posterior line of hairs measures 12 Tsuns. If there is no anterior hair line?. Measure from the glabella (in between the eye brows) to the posterior hair line = 15 Ts.

If there is no posterior hair line measure from the glabella anteriorly to the 7th cericial spine = 18 Tsuns.

From the tip of the crease of the axilla to the elbow crease = 9 Ts. On the chest vertically we count the ribs and transversely the distance between the 2 nipples=8 Ts.

On the upper abdomen

From the xiphoid process to the umbilicus = 8 Ts and from the umbilicus to the upper border of the symphysis pubis = 5 Ts.

Transversely we use the nipple lines. On the back the loction is referred to the spinous processes e.g. point no. 14 is between the 7th cervical and 1st thoracic spines.

The points

Definition

It is a site where we stimulate in acupuncture or moxibustion in therapy or anaesthesia. The site of a point differs from other sites in the following:

1. It is the site where reactions are got when a certain internal organ gets diseased, e.g. with troubles in the appendix a point midway between 178 and 179, in liver troubles 249, 250, 251 are showing reactions and beneficial effects to these organs are got when these points are stimulated.
2. The electric resistance is lower at the points than else where. The points are some times called spots of good conductivity. Anatomically, 99.6% of the points are intimately related to nerves. Every point has a fixed locality and has a name.

Is the point an area or spot?

In clinical practice the point is a small area on the body surface, but inside this, it is very localised.

In the point number 217 e.g. the area in the skin to be needled is relatively wide, but when the needle is inserted its tip searches the nerve sensation which is low in cases of sciatic pains.

The No. of points:

There is 359 named classical points of which 51 are single (in the middle line) and 308 doubled (on either side) so the total classical points are 667. The most commonly used are 150 named point. Many new points have been discovered

Moxibustion

Technique

Flame the roll at one end. The area around the point to be stimulated is exposed for 10-15 minutes till it feels warm and gets flushed. The distance of exposure must be suitable. If too far there will be no effect and if too near though it is effective it burns the skin. Just make the skin feels warm.

Indications:

1 – Ch. rheumatic arthritis when the patient feels his joints cold and wants it to get warm. Also in the back.

2 – Impotence.

3 – Ptosis of stomach.

4 – It is contraindicated in sites near large blood vessels or around important organs for example the eye.

sufferers of headache and bleeding is a useful technique as was noticed in clinical practice during the presence of the Chinese team.

Indication of bleeding by cutting needles:

1 – Acute gastro-enteritis: puncture the elbow, and popliteal fossa. The most common symptoms are vomiting and diarrhea.

2 – Acute tonsillities: puncture the point 62.

3 – Erythema nodosa (rheutmatic) puncture directly on the nodule itself.

4 – Hypertention: puncture the point No. 8.

Contraidication

- Debility
- Tendency to bleeding
- Shock

needle and if these simple maneuvers fail to extract the broken part surgical intervention is resorted to.

(e) Haematoma

Is prevented by the suitable pressure on the point of needling by a piece of cotton soaked with alcohol immediately after extracting the needle.

(f) After sensation:

The patient feels soreness, heaviness and distention after extracting the needle. It is caused by strong stimulation and treated by massage or moxibustion.

(g) Pneumothorax:

Common especially in emphysematous or T.B. patients.

when such sites as the chest region from the first to the eleventh ribs, points 30 and 208 are needled the complication is very liable to occur.

Technique for cutting needles

Handle the needle between the index thumb and ring fingers. Put it on the skin over the venule, the sites mostly used are the popliteal fossa, elbow, a point at the meating of the lateral end of eye brow and palpebral fissure, points no 8 and 62. The site of puncture is made to be congested by a tourniquet or something else, massaged prepared with alcohol then punctured with the needle.

The effective degree is assessed not by the amount of bleeding let out but by the colour of blood. It is said to be first dark and is squeezed out till becomes bright red when we stop.

The Chinese experts in this field decide that they noticed that in Egypt because of its hot weather there are much

Causes:

- Over turning clockwise or anticlockwise tears the muscle fibres around the needle.

  Muscle spasm

Prevention:

Rotate clockwise and anticlockwise to the same range.

Treatment:

Rotate the needle in the opposite direction.

In cases of muscle spasm calm the patient and talk to him.

(d) Broken needles

Rarely occurs in clinical practice.

Causes:

1 – Repeated use of the needle.
The root of the needle is a weak part. Don't insert the whole body of the needle.
A longer needle than the required length for insertion is used.

2 – When a needle is kinked once and used again. The needles are examined before use and any kinked needle discarded.

3 – Movement of the patient during insertion.

Management:

When the needle gets broken in the body ask the patient not to move lest it should be more deeply inserted in the body.

Try to push the needle from the opposite direction, spread the skin far away from the site of entrance of the broken

Treatment:

If the patient is setting make him lies and if needles interfere with this extract them. Untie any constricting bandages on the neck region as buttons and give hot drinks. In severe cases with unconsciousness needle points 2, 8, 84, 178 not necessarily all these points, If the original needling was high on the trunk or upper limbs needle the lower points i.e. 178 or 84.

If the original causative needling was in the lower limbs or trunk needle the higher points 2, 8. The commonly used point is No.2. The needle after insertion must be rhythmically turned because if left alone without turning it will produce no effect in treating the needle fainting.

(b) Needle bending:

We know that the needle has been bent in the body when it is impossible to be rotated.

Causes:

- The patient moves.
- Insertion with strong stimulation leads to muscle contraction especially in the back.

Prophylaxis:

- Before beginning needling the patient is instructed not to move after insertion.
- Gradually increase the strength of stimulation the bent needle is withdrawn.

(c) Needling stagnancy

This means that rotating and thrusting the needle become impossible.

The beginner must exercise himself and exercise is practiced in 2 steps:

1 – Training the fingers to introduce the needle using only the finger force. One must exercise himself how to use the finger force only for introduction. If this force is not sufficient no introduction will occur and if excessive, the needle will bend. This exercise is practiced by folding and refolding one news paper many times, put the needle on the papers and rotate then introduce, continue on training the finger force for 10 minutes daily. The force must be smooth one.

2 – Prepare a roll of gauge exercise in it the techniques of rotation and lifting and thrusting.

The side effects

(a) Needling fainting:

The patient feels dizzy, nauseated, sweating and may even become comatosed.

Causes:

- Fear of the needling.
- Needling in the sitting position.
- Too strong stimulation.
- Hunger.
- Tired patient.

Prophylaxis:

Select a few points and not necessarily all points in the same sitting. Begin with weak stimulation and gradually increase the strength to the required degree.

Needle the patient in the lying position and avoid needling a hungry or tired patient.

rect and there is still no needling sensation leave the needle in place and wait then manipulate the needle rotating and moving it up and down to promote the touch sensatin. After getting the needling sensation begin to stimulate the body. The intensity of stimulation is three grades viz week, moderate and strong stimulation.

Strong stimulation is generally required in cases of pain and spasm. Week stimulation is generally used in disturbances of sensations e.g. numbness. 60% of cases require moderate stimulation.

Factors affecting the strength of needling are:

(a) The size of needle used.

(b) The No. of points stimulated.
The larger the needle used and bigger the number of points stimulated the stronger will be the stimulation.

(c) The technique of manipulation.

The more force used, the bigger range of number of rotations, the stronger will be the stimulation.

The strength of stimulation must be suitable for the case. If weaker than required no effect will be produced if more than necessary it will either produce no effect (as in post menst. dysm. which requires weak stimulation or the patient will be unab le to withstand acupuncture.

To summarize:

After inserting the needle into the S.C. tissues we:

1 – Search for the needling sensation then.

2 – Give the suitable stimulation.

4. Leaving the needle in place.
5. Lifting and thrusting. (up and down movement): In clinial practice, these five techniques are usually combined.

B. The concrete or basic technique:

The needle is inserted from outside into the skin.

When the tip reaches the subcutaneous tissue stop insertion for a while then slightly rotate the needle, this relaxes the muscles which would otherwise contract if the needle is strongly and roughly thrust into the body and make insertion difficult. After insertion into the S.C. tissue, search for the needling sensation or what the Chinese call (Datchi). The needling sensation is got if insertion is properly done in the exactly required point.

The patient feels soreness, numbness, heaviness and / or sweating. The doctor feels the needle gripping, it is no more loose and there is some resistance in its withdrawal.

When this needling sensation is got, this means that we have catched the proper point on the proper channel.

The Chinese translation of the word (Datchi) means (getting the guess).

The rapidity with which the needling sensation is got gives some prognostic idea, when the needling sensation is immediately got, we can hope for a better result of treatment.

If we do not get the needling sensation we must revise the location. If may be wrong. It is not necessary to extract the needle completely, we just withdraw (movement No. 2) it into the S.C. tissue and change the directin of the tip till we get the needling sensation.

The depth of needling must be enough to get the needling sensation. If both the location and depth of needling are cor-

Instruments and techniques

There are 2 groups of instruments:

(a) For moxibustion
Moxa-rolls or cigarettes are used. They are cigar like and made of certain Chinese weeds.

(b) For needling:
There are two commonly used types of needles

1 – The filiform needles
They are made now of stainless steel.
The needle consists of a handle, root, body and tip.
The thickness of the body varies from 0.6 - 0.8 to 0.9mm and the length differs 1.5, 2, 3 and 4 inches.

2 – The three edged or cutting needles.
The body of which is thicker and the tip is bevelled into three edges. It is used for inducing bleeding in certain sites for certain conditions.

Techniques of needling

A. For the filiform needles.

There are five basic techniques:

1. Insertion: That is introducing the needle from outside into the skin and subcautaneous tissues.
2. Withdrawal
3. Rotation: i.e. rotating the needle in a clockwise and anti-clockwise,manner, to the same degree using the index and thumb fingers.

Generally speaking every case requires its own study for planning the required treatment (A. or M.) with the suitable technique in the suitable points.

Mechanisms of action

Will be discussed more fully in Ac. Anesthesia, but mainly, it is attributed to either neuro-humoral mechanisms or explained by the meridian principles. Needling certain points increases the number of W.B.C. and raises their phagocytic power.

The successful treatment of malaria by acupuncture and disappearance of the protozone from the blood of the patient one week after acupuncture without any other drug is a good evidence that the effect of needling is not merely pyschogenic. That some substances are liberated in the body as a result of acupuncture is now definite, but their exact nature is the subject of researches.

Although 99.6% of the points are related to the nervous system yet, it is not our known nervous system that can explain the function of acupuncture to be mediated through. As an example, if we stimulated the nerve supplying the throat no beneficial e ffect will be produced in case of tonsillitis, while if we stimulate a point on the upper or lower limb which is quite far away from the nerve supply of the tonsils the pain due to its inflammation will be relieved.

2. The method of treatment adopted e.g. A. or moxibustion. These 2 factor can be illustrated by the fact that if we treat the point number 8 by acupuncture the blood pressure in hypertensive patient is lowered, while if the same point is treated by moxibustion in a hypotensive patient the blood pressure is elevated.

   Neuritis needs a short insertion while arthritis requires deep insertion of the needles. In one point, 232, shallow insertion of the needles affects diseases of the shallow structure of the eye as the eye lids and the conjuctiva while deep insertion of the needles in the same point affects the deeper structures of the eye. The location of the disease determines the depth of needling.

3. The technique of manipulating the needles.
   Pains or spasms in general require strong stimulation.

   Premenstrual dysmeaorrhea requires strong stimulation while post menstrual dysm. requires weak stimulation of points 46, 48, 49, 311 and 67.

   The direction of insertion differs in various diseases e.g. one and the same point, 217 when needled for sciatica the patient feels the needling sensation shooting toward the toes, in impotence it shoots toward the external genitalia and in rectal prolapse the sensation is felt in the rectum.

4. The point of needling
   In toothache we puncture 337 if the tooth is loose while if it is not loose we needle 84 and 186.

5. Time of treatment
   In dysmenorrhea treatment is conducted 3-5 days before menses. In malaria 1-2 hours before the expected time for attack.

to be cured by needling if the inflammation is catarrhal but not suppurative).

(d) Pain due to trauma e.g. acute muscle sprain.

(d) Pain due to hypofunction e.g. in neurasthenia and some cases of dysmenorrhea.

3 – Sedation

Sedation belongs to the regulatory effect of A&M.

It is used to treat some mental diseases as insomnia or neurasthenia.

4 – The strengthening effect

Needling is said to prevent influenza and do in the prophylaxis and treatment of malaria and bacillary dysentery.

Characteristics of A & M functions

The action here differs from drugs in 2 points:

1. Acupuncture is a stimulus so its therapeutic effect is due to stimulating and regulating the physiological functions of the body, but drugs inserts their effects on the tissues after entering the body.
2. One point may have many actions and it may treat quite opposite conditions according to the case or technique. Yes truely saying a drug may be analgesic and antipyretic, but it can not cause the 2 opposite effects as occurs when we puncture the point No. 84 strongly to stop sweating while its weak needling produces sweating.

Factors influencing the action of A & M

1. The functional state of the patient e.g. hypertensive of hypotensive.

Rheumatism and bronchial asthma are very common indications and respond very well.

Nerve deafness, allergic rhinitis, tinnitus especially cases which failed to respond to other known lines of treatment deserve acupuncture therapy and benefit very much.

Resistant colics are good indications Painful anal conditions are well relieved more simply and efficiently by AC. alone or combined with other known lines of treatment.

Reading this work will give a clear simple idea about the individual indications, their courses and prognoses.

The functions of acupuncture.

Both A&M has 4 main groups of functions viz., regulatory effect, analgesia, sedation and strengthening.

1 – The regulatory effect

This is the most important effect. It is assumed that the healthy state of any system and of the body as a whole is a balance between excitatory and depressive stimuli and that imbalance causes diseases.

Needling is said to restore the balance of circulatory, respiratory, digestive, genitourinary, endocrine and nervous systems, thus e.g. reducing the tone in cases of spasm or raising it in cases of hypotonicity.

2 – The analgesic effect

It relieves the following types of pains:

(a) Rheumatic pain: e.g. Rh. arthritis, peri-arthritis of the shoulder and Rh.myositis.

(b) Spastic pain e.g. biliary or renal colics.

(c) Pain induced by inflammations such as that of tonsillitis, soft palate inflammations, or appendicitis (which is said

Indications, functions and mechanism of A & M

Acupuncture and moxibustion (A&M) are used in many diseases. Neurological cases as bells' palsy, sciatica and neurosthenie are common fields.

They do both in functional and organic diseases, but their effect is almost immediate in functional cases. Organic cases such as periodontitis can be treated by A&M.

Acute as well as chronic cases can be treated whith A&M, but marvellous results can be obtained in such acute cases as acute sprains and in gastric spasms while in long lasting diseases, the effect will not be so immediate.

Some bacterial diseases as whooping cough and bacillary dysentry as well as some parasitic diseases as malaria can be cured. In clinical practice A&M can be widely used.

The response of any symptom to the treatment differs with the difference of the cause e.g. when sciatic pain is due to rheumatism (or as said in the Traditional Chinese Medicine. to be due to wind and cold) the effect will be much more satisfactory t han when the sciatic pain is due to prolapsed disc where much less effect or even no effect will be obtained.

Good results, can be obtained in acute, simple and hypertrophic rhinitis, but not in atrophic rhinitis.

In nocturnal enuresis, it is satisfactory, but not when due to spina bifida where no effect will be obtained.

Early cases of poliomyelitis and hemiplegia benefit very much.

The Chinese practice is now based on combining the traditional Chinese medicine with the western medicine.

Practically every interested trained doctor will find daily a lot of cases which can benefit very much from acupuncture therapy and this means and equals very much.

General View

No doctor can treat all patients, no drug cures all diseases or a surgical intervention manages all cases. Yet all have their special merits in medical practice supplementing each other for promoting the general health and dealing with various diseases.

Similarly speaking A&M can not treat all diseases or substitute other lines of treatment, yet the trial has its merits and must be seriously taken, fully understood, evaluated, used to supplement other lines, suitably applied and developed. The successive generations of Chinese people who accepted needling as a line of treatment in some diseases wittness its success.

Many Egyptian patients suffered for long from such diseases as headache, migraine and other medical problems and some of those patients travelled abroad to more than one western country for treatment with no use and benefited very much from needling. Other acute cases such as stiff neck and sore throat were marvelously relieved. This definitely gives A&M a place in clinical practice.

To simplify matters the whole process is based on stimulating the body at certain points to produce various effects whether in therapy or anaesthesia. This points lie on well defined lines along the body surface called meridians. The beneficial effects of needling are physiologically referred to neuro humoral respnses of the body to the process of needling (acupuncture).

Therapy dates to the stone age and written papers are found 1500 Year.P.C. while acupuncture anaesthesia was only introduced to the Chinese practice since 1958.

Introduction

During training with the Chinese team of doctors on acupuncture and moxibustion (A&M) in therapy and anaesthesia, I felt the deep desire of our colleagues to have some knowledge about this subject specially as most of them had no sufficient opportunity to follow the experiment or take the satisfactory amount of theoretical data about it.

Some were amazed and others rushed rapidly to criticize the experiment without having the sufficient scientific bases to give any judgment.

We must not refuse all what we do not know.

To all those, I present this work trying to simplify the theoretical basis of the experiment, throwing lights on some practical points, describing the management of some commonly seen diseases which benefit from the acupuncture therapy and demonstrating some cases.

Nothing substitutes clinical practice. Also true is that the clinical practice needs clear theoretical basis and at least a hand reference.

This work is no more than an appetizing dose presented from the assimilated valuable discussions, talks, lectures and clinical practice with the excellent team of Chinese doctors who visited Egypt in 1974 and were working for a matter of 10 hours a day offering their experience generously, honestly, systematically and with a great deal of patience.

Thanks to Prof. Dr. Mahfouz, the previous minister of General Health in Egypt who opened our eyes on the trial and gave an excellent opportunity for its practice, demonstration and training.

I hope very much that great Egypt with its cultural heritage will handle this experiment generously, developing it for the welfare of the human kind as a whole.

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Dedicated to

Prof. ***Dr. Mahmoud Mahfouz***

Prof. ***Dr. Shereif Omar***

Prof. ***Dr. Hamdy Essayyed***

The first opened Egypt eye on the The Traditional Chinese Medicine since 1974 as a minister of Health

The second supervised my M.D. thesis and gave honestly, generously, enthusiastically and with deliberate politeness from him and great dignity treating me as a friend and brother, matters to which our students in our universities are to them much cra ving.

and

The Third being the Chief Medical "Professions" Syndicates Union in Egypt.

Hoping all to pay attention to the Traditional Chinese Medicine in Egypt.

The Traditional Chinese Medicine

Acupuncture, Moxi-Bustion & Massage

In

Therapy and Anesthesia

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